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ORIGINAL COMMUNICATIONS.

Sulphuric Ether in Surgical Operations. By JAMES BRYAN, M. D., Lecturer on Surgery; formerly Professor of Surgery and Medical Jurisprudence, in Castleton Academy of Medicine, Vermont.

To the Editor of the Medical Examiner.

Mrs. A——, a married lady, of delicate health and constitution, who had suffered for a long time from neuralgia and facial inflammations, caused by decayed teeth, consented to try the ether as administered by Mr. H. S. Porter, dentist, and one of my pupils. The inhalation was made from the instrument called the "*Inhalus*" of the patentees. About half an ounce of the ether was poured into the sponge, and the lady, seated in an arm chair, inhaled the vapour about five minutes, when she became languid and sleepy, and desired to be 'let alone.' The instruments were applied, and three teeth (two incisors and one cuspid) were dexterously extracted; the patient only raising her hand slowly, and drawing a deep sigh on the extraction of each tooth. The immediate effects of the ether continued about three or four minutes, when she expressed herself surprised that the teeth had been taken out.

Miss B——, on the 2d of April, inhaled the vapour from the same apparatus in my parlour, and after continuing the process about eight minutes, appeared partially insensible, and had a dens sapientiæ of the upper jaw extracted by the same operation, and said that she experienced no pain.

A few days after this, Mrs. A., the first patient, took the ether

again, inhaling it about five minutes before the soporific effects were produced, when Mr. P. extracted two of the largest molars of the upper jaw, and the remaining *cuspid* of the same jaw. The *lethean* effect had passed off before the last tooth was extracted, and she said that she experienced considerable pain during the extraction, but much less than if no ether had been administered. A slight head ache, which may in part be attributed to previous illness, continued for four or five hours.

On the 7th of April, Miss C——, from Massachusetts, in the presence of Dr. Winslow, myself, and members of the family in which she resided, submitted to the operation for extirpation of the left mamma, while under the influence of the ether. The inhalation, under the direction of Mr. Porter, continued about eight minutes, when I made two elliptical incisions, including the nipple, and took out the tumour in the usual manner. The disease being cancerous, a portion of the healthy part was included. I proceeded, with the assistance of Dr. Winslow, to take up the arteries, when the patient inquired if there was any more cutting to be performed, seemingly unconscious that the tumour was removed. She declared, however, that she was conscious of each incision that was made, but felt *no power* to *resist*. The larger vessels were taken up, and the wound left partly dressed, that time might be allowed for reaction fairly to take place. Rather more than half an hour afterwards reaction did take place, and the vessels not taken up bled profusely, making it necessary to remove the dressings and carefully take up the most minute arteries. After this, the wound was properly dressed, and did very well, healing up almost entirely by the first intention.

Miss C. says, since she has reflected upon it, that she is sure the greatest part of the pain was avoided—very little, in fact, having been suffered. She was desirous of taking the ether while the arteries were being taken up, but I would not consent, being convinced that one effect of the ether was to diminish the action of the arterial system.

I send you these cases, sir, without comment. These—with one other case in which the patient insisted that the tooth had not been taken out, although the operation was slow and difficult—are all I have seen, and from these I am *rather* disposed to try *it again in certain cases*.

Case of Poisening, from swallowing Percussion Caps.—By T. W. Foster, M. D., of Keene, Jessamin County, Ky.

Not long since, I was called in great haste to attend an infant, æt. 14 months. Upon entering the room, I was informed by the parents that they had observed their child, about two hours pre-

vious to my visit, playing with a box of percussion caps, and they supposed she had swallowed some of them, as signs of acute suffering were exhibited soon after.

The little patient appeared to be sinking very fast. The eyes had a hollow, glazed appearance; there was great heat in the epigastric region, and coldness of the extremities; there had been eight or nine discharges from the bowels in an hour, and her general aspect denoted approaching collapse. Before my arrival free emesis had been produced by some domestic remedy, yet I continued the vomiting by administering ipecac. and large draughts of warm water, (of which the patient greedily drank,) with the hope of discharging at least a portion of the offending matters. The discharges became so debilitating, however, that I threw up an injection of eight drops of laudanum, suspended in starch mucilage, and immediately afterward gave a large dose of calcined magnesia. An alkaline purgative was selected for the purpose of neutralizing any acid which might be found in the stomach or intestines, and thus prevent any chemical change in the copper. In the course of an hour, the child became perfectly composed, and fell into a pleasant slumber, though it had previously suffered excuciating pain, attended with spasms. Dr. Spilman, the family physician, now took charge of the case, and applied counter-irritation to the abdomen. On the next day four caps were discovered in the fœcal matter, which were found to be devoid of their fulminating powder. The child is now enjoying very good health.

BIBLIOGRAPHICAL NOTICES.

Medical Botany; or Descriptions of the more important Plants used in Medicine, with their History, Properties, and Mode of Administration. By R. Egle-feld Griffith, M. D., Member of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia, &c., &c., [with a motto,] with upwards of three hundred illustrations. 8vo. pp. 704. Philadelphia, 1847.

Illustrations of Medical Botany: consisting of coloured figures of the plants affording the important articles of the Materia Medica, and descriptive letterpress. By Joseph Carson, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy; Member of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia; Fellow of the College of Physicians, &c. The drawings on stone by J. H. Colen. Vol. 1. Fol. pp. 28. Twenty Illustrations. Philadelphia, 1847.

What a change has occurred in the mode in which scientific subjects are taught in the schools at the present day from that which was common twenty or thirty years ago! Dry descriptions unaided by graphic illustrations are now uncommon, and the teaching, in any department of science, which does not address the eye as well as the ear, is properly deemed imperfect. Every thing is now rendered as demonstrable and demonstrative as possible, and it may be safely said, that the medical student has now much greater facilities for obtaining a due insight into an intricate branch of science than he had formerly. Nor ought this to be forgotten when an estimate is made of the present condition of medical education as compared with the past.

Of botanical works treating of general and medical botany, and illustrated by wood-cuts or copperplates, we have had numerous examples. Some of the oldest "*herbals*" are of this character, and in modern times excellent treatises have appeared, both in Europe and in this country, on medical botany more

especially. Those of Woodville of England, and of Roques of France, were well adapted to the objects had in view by their authors; whilst those of Barton and Bigelow, on the vegetable materia medica of the United States, were admirable, and are still worthy of all commendation; but they are no longer attainable; and moreover, many excellent and energetic articles from the vegetable kingdom have been added to the lists of the Materia Medica since these works were issued.

It is well, then, that individuals who—all must admit—are fully competent to the task and the occasion—*Arcades ambo*—should have directed their talents and acquirements to the botanical history of those articles of the Materia Medica, which, here and elsewhere, are properly esteemed amongst the most valuable agents employed by the practitioner.

We may, by the way, express our surprise, that amongst the various and often conflicting sentiments to which the Medical Convention recently held in this city gave occasion, nothing—so far as we know—was said by authority as to the importance, to the professional student, of his attaining some knowledge of botany or natural history, either during his office attendance or at an after period. The published sentiments of some of the reformers must have, indeed, been materially modified and mollified, when we find no remarks from them as to the necessity for the candidate for graduation to pass through a curriculum of study equal or approaching to that required in many of the European schools; and which he could not pass through unless such a curriculum were determined upon, and attention to it rigorously enforced.

We confess we should have greatly preferred to see some recommendation to the practitioner, that he should teach, or cause to be taught, to his office student the elements, at least, of botanical and zoological knowledge, rather than that it should have been urged upon him to take care that a candidate for his office instruction should know as much Latin as would enable him to translate or write a prescription. We cannot help regarding it as a solemn farce to pronounce to the world, that the writing of a prescription, in the mode in which it is done universally in this country, implies any knowledge of Latin whatever, seeing that all who understand *technical* terms and the proper *symbols* can accomplish this without difficulty. Let us take any extempo-

raneous prescription by way of elucidation. We write the following at random :

℞. Infus. Gentian. comp. f.℥vj.
Tinct. Gentian. comp. f.℥iij.
Syrup Aurant. f.℥ij.
M.

Let him take a fourth part four times a day.

To write such a prescription, we say, requires no knowledge of Latin. The technical titles of the officinal preparations are given in the United States Pharmacopœia; and the abridgement of those titles assuredly demands no Latin. The symbols, too, are understood with equal facility, and with equal nescience of that learned language. It would be somewhat otherwise were the *directions* to be written in Latin. Then, instead of the English, given above, we should have

"Sumat partem quartam quater in die,"

and for this a certain acquaintance with the Latin would be necessary. This, however, is never done in this country, and consequently, we repeat, the writing of a prescription in our ordinary mode requires rather a knowledge of technical terms than of Latin; and hence every apothecary's boy soon learns all that is required of the professional student by the Convention, whether his attention at school have been directed to the humanities or not. We think that respectable body ought to have required—as we stated in a former number—"that the youth intended for the medical profession, should have the intellectual and moral training that befits the well-educated gentleman," and all will be prepared to admit, that the Greek and Latin languages form a necessary part of such training. Were it universal or common we should not meet with such a quotation as the following in a recent number of a respectable medical journal:—*Romæ scribo et Ære romano*"—we give it literally—which "meaneth when literally interpreted"—"I write at Rome and in Roman *brass*," whereas the author wished to say, that he wrote in the "Roman air or atmosphere," *(aere.)* But we must not dwell upon this subject, especially as we do not yet possess a published report of the proceedings of the Convention, and may therefore unintentionally do it injustice.

As regards the utility of natural history and botany, and the

importance of their forming a part of medical education "*prior to attendance on lectures,*" we borrow and adopt the following observations from a recent author:* "It is not"—he says—"in its relation to materia medica, that the study of natural history ought to be esteemed most important. As physiology investigates the nature and functions of all living bodies, it is, necessarily, intimately associated with natural history. It is, indeed, indebted to this branch of physics more perhaps than to any other. A comparative view of the various gradations amongst organized beings has taught us to appreciate the nature of the several functions that characterize vitality; and has demonstrated, that in proportion as the structure is more complete the functions are more numerous and perfect. Repeated observations, and multiplied experiments on various tribes of animated nature, have elucidated many doubtful and obscure phenomena in the economy of man; and a continuation of this method of research promises to place physiology on the firm basis of rational experience; and to enable us to reason—where only we can reason with safety—by a deduction from facts. The more numerous these facts, and the more satisfactory their arrangement, the more extensive and the more secure will be the foundation they afford for physiological conclusions.

"Botany might seem to be of much more service to the physician than zoology, inasmuch as so many of our remedies are derived from the vegetable kingdom. At one time, indeed, nothing but 'galenicals,' as they were termed, were employed, and these were mainly of vegetable origin. We can imagine the importance of an acquaintance with the botanical characters of different vegetables, should destiny cast the physician on some unknown shore, where the sole sustenance may have to be derived from the vegetable kingdom, and where hundreds, perhaps, may have to be guided to a knowledge of the innoxious and the noxious by his decision. It might happen, too, that the physician may be so situated as to be unable to procure those indigenous productions, which are usually selected so carefully by the professed herbalist as to render it less necessary that they should be culled by him. In such cases his botanical knowledge would be called into play. Still, these are rare emergencies, on

*Dr. Dunglison, Medical Student, p. 165.

account of the facility with which articles of merchandise can be transported everywhere; and, as the preparation of medicinal productions constitutes a distinct calling, the physician is generally in the habit of depending upon the apothecary—who gets them from the herbalist—for his supplies. It is of more practical importance that the physician should know the genuineness of every article that comes to him—a knowledge which observation—rather than botany—gives him. Still, like every branch of the tree of knowledge, physiology and the natural sciences in general have a tendency to expand the mind, and to react upon trains of thought, with which they do not, at first, appear to be intimately associated. In but few of the medical schools of this continent is botany or natural history made a distinct branch of medical education. The period of the year at which medical instruction is chiefly conveyed is unfavorable to botanical exercises; but the seasons of Spring, Summer and Autumn, are well adapted,—especially the first, when all nature smiles; and

> "From the meadow to the wither'd hill,
> Led by the breeze, the vivid verdure runs,
> And swells and deepens; and the spicy groves
> Put forth their buds, unfolding by degrees,
> Till the whole leafy forest stands displayed,
> In full luxuriance, to the sighing gales."

"At these seasons, the student cannot do better—should his opportunities, whilst in the office of his preceptor, permit—than make himself acquainted practically with botany—both by study and observation in the fields; and should he be unable to become a good zoologist,—so far as regards a knowledge of the generic and specific characters of animals,—he can, at least, acquire a knowledge of the 'philosophy of zoology'—one of the most interesting of the applications of natural science, and one that throws important light on the functions of the human body. It embraces, indeed, the physiology of animals, every topic of which elucidates that of man."

The work of Dr. Griffith contains a large amount of instructive matter, and is, in all respects, such a production as might have been expected from one so well acquainted with his subject, and who was for many years a popular teacher on materia medica and other departments of medical science in Virginia and Mary-

land, and, as a matter of consequence, well aware of the kind of information that ought to be imparted on a congenerous subject. The objects which he was desirous of accomplishing in the work before us, are thus expressed in the preface:

"The work now offered to the profession is intended as a companion to the more practical treatises, and also to convey such information on the systematic classification, characters and history of medical plants as has been necessarily omitted in the publications alluded to. In the execution of the plan, the author has experienced some difficulty in determining the limits of the work. To notice all the plants which have at different times been employed in medicine, or have had remedial properties assigned to them, would have been impossible in the compass of a single volume, and merely to describe those recognized in the Pharmacopœia would have militated against the object of the work. It was thought that the end would be best attained by dwelling at some length on the most important articles of the Vegetable Materia Medica, or on such as are involved in some obscurity as regards their botanical characters and history, and by noticing the others in a brief manner. In doing this, they have been arranged according to the natural orders, and it will be seen that the technical descriptions have been drawn up in strict accordance with the present improved state of botanical knowledge. These descriptions are selected from the best authorities; in some cases without alterations, but in others altered, corrected or condensed, so as to present as great a uniformity of phraseology as possible. As the work is, from its very nature, a compilation, the only originality that can be claimed by the author is in the selection and arrangement of his materials." p. viii.

And is not this the very "originality" that is above all things desirable in such an undertaking; and is not an author deserving of infinitely more honour, who faithfully depicts and interprets science *as it is* than if he *strained* after originality,—with the necessary result of describing science *as it is not*,—and attempted to introduce novelties, which, after myriads—we may say—of excellent observers had bent their minds to the task, must have been noticed by them if the novelty were truth? The "ear is pained, the heart is sick" with the notoriety—fame, perhaps—attained by a naturalist for having first depicted a new species or variety, for which he perhaps deserved but little more credit than he who discriminates amongst a crowd, by his *sensible* pro-

perties, one whom he has never before seen, and describes him so well, that he can be readily recognized when seen again by others. Yet upon such *perceptivity*—to employ the language of the phrenologist—the naturalist prides himself; and hosts of his brethren—proverbially *genus irritabile*—are ready to pounce upon him, and to contest the honour or deny the truth of his "*discovery.*" The man, who, in the nineteenth century, in a science like that of medicine, collates well and analyses accurately the observations of himself and others, and reduces the *indigesta moles*—the chaos—to something like order, is eminently worthy of honour and of a niche in the temple of fame: it is not, indeed, the best observer of facts who is necessarily the best philosopher—in other words, the best interpreter of the *laws* of facts or phenomena: he serves, however, as the pioneer, and the man of science follows to cultivate the newly discovered region.

To make his work more extensively useful, Dr. Griffith has—wisely, we think—prefixed a brief introduction on the anatomy, physiology and chemistry of plants, with a copious glossary of botanical terms—most valuable to the tyro—and a conspectus of the natural order of plants that are of medicinal utility.

To exhibit the mode in which he treats his subject we shall extract at random.

"I. TINCTORIA, *Linn.*—Leaflets 4—5 pairs, ovate, somewhat pubescent beneath; racemes shorter than the leaves; legumes terete, arcuated, deflexed.

Linn., *Sp. Pl.* 1061; Lam., *Dict.* iii. 245; Lindley, *Fl. Med.* 242; De Candolle, *Prod.* ii. 224.

Common Name.—Indigo Plant.

Foreign Name.—Indigotier, *Fr.*

Description.—A shrub about two feet in height, with spreading, sub-flexuous branches, which are angulose and appressed-puberulous near their extremities. Leaves pinnate. Leaflets 4—5 pair, with an odd one, petiolated, elliptic, acute at base, mucronate at tip, with an appressed pubescence beneath. Stipules small and subulate. Racemes axillary, not as long as the leaves. Flowers pedicellate, with minute subulate bracts. Calyx 5-toothed, the two upper wider apart than the others. Flowers of a greenish colour, marked with vermilion red. Standard ovate, mucronate, minutely ciliate, and pubescent externally. Wings shorter than the keel, which is concave, greenish, minutely, ciliated. Legume more than an inch in length, arcuated, terete, pubescent, containing ten seeds.

Several species of Indigofera are cultivated, but the *I. tinctoria* is that grown in India, and very extensively in South America, the Gua-

timala plant, *I. disperma*, being considered by De Candolle as a variety of it. Besides this, the *I. anil*, *I. caroliniana*, and *I. argentia*, are also used, the two latter in the United States. The *I. tinctoria* abounds most in colouring principles, and is therefore the one generally selected for cultivation.

Indigo is a rich blue substance, light and friable, tasteless, almost devoid of smell, of a smooth fracture, insoluble in water or alcohol, but dissolved by sulphuric or nitric acid. It consists of indigotin, or indigo blue, indigo brown, indigo red, and a gelatinous substance. It is procured in three different modes; by fermentation, which was the most general plan, by scalding, and by the dry process; which latter is becoming much used in India, and is said to afford the best product, whilst it is not so injurious to the health of those engaged in the manufacture. (See *Encyclop. Amer.*, Art. *Indigo.*) In whatever way Indigo is procured, a certain degree of fermentation appears necessary, as it does not appear to exist in the leaves, and is therefore rather a product than an educt.

The mode of preparing it, and of applying it to the purposes of dyeing, seem to have been known in India from the earliest ages, and it is noticed by Dioscorides and Pliny, though the term *Indicum* was also applied to other colouring substances. Its use was likewise known to the Mexicans and other American natives, long anterior to the conquest. As early as the fifteenth century the Venetians were in the habit of receiving it from India, by the way of Egypt; but it was not generally employed in Europe until about the middle of the sixteenth century, when it was brought from the East Indies by the Dutch. When it was thus introduced, there was a great prejudice against it, and it was considered to be a kind of stone; it was prohibited in England by Elizabeth, and in Saxony by the Elector, who speaks of it in his edict as a corrosive substance, and food fit only for the devil.

The best Indigo is of a deep-blue colour, inclining to violet, of a smooth grain, and bright and sparkling when broken. It should break easily, swim in water, and burn freely, leaving but little residue.

Medical Uses, &c.—A decoction of the root, used as a lotion, effectually destroys vermin, and is much used for that purpose in Jamaica. The juice of the young branches, mixed with honey, is recommended as an application in the aphthous sore mouth in children, and Indigo sprinkled over foul ulcers is said to cleanse them (Macfayden, *Flor. Jam.* i. 251.) The leaves are supposed to have virtue in hepatitis, given in the form of powder mixed with honey, and a decoction of the root is reckoned as alexipharmic. (Ainslie, *Mat. Ind.* i. 179.)

Indigo itself has been employed for a long time. The Romans ascribed extraordinary virtues to it; 'rigores et impetus sedat et siccat ulcera,' (*Plin.* lib. xxxv. c. vi.) It was employed at one time as an astringent, in immoderate discharges of the lochia, and for curing a prolapsus of the uterus or rectum. (James, *Pharm. Univer.*, 345.) Of late years it has attained some celebrity in the treatment of spasmodic diseases, especially epilepsy, in which it is stated to have been very successful in numerous cases in Germany. The trials made with it in England

and this country, have not been attended with the same good results (Dunglison, *New Rem.*, 361.) To produce any effect the doses must be as large as the stomach can bear, beginning with a few grains and increasing. The best form of exhibition is in an electuary of one part of Indigo to two of syrup. According to Roth (*Pereira*, ii. 610) it produces the following effects. 'Shortly after taking it the patient experiences a sense of constriction at the fauces, and an impression of a metallic taste on the tongue. This is followed by nausea, and frequently by vomiting. In some persons the vomiting is so violent as to prevent any further use of the remedy. When it has subsided, a diarrhœa, often accompanied with cardialgia, ensues; the stools are frequent, liquid, and of a blue colour. Dyspepsia and vertigo sometimes occur. The urine becomes of a dark-brown or violet colour. After its use for some time, spasmodic twitching of the muscles sometimes takes place.'

This article, however, appears to be possessed of very little power, as most persons can take it in very large doses; two ounces having been administered daily for a length of time without producing any very manifest effect, except a derangement of the digestive apparatus."

The wood-cuts are generally well executed; and we can recommend the work strongly both to the student and practitioner.—A few errors we notice—many of them doubtless typographical—such as *Madur Culotropis* for Madar or Mudar Calotropis; *Gieger* for Geiger; Paulus *Æginetus* for Paulus Ægineta. These can be corrected in a second edition, which we hope to herald before a long period has elapsed. The German synonymy, too, requires "overhauling;" in such cases for example as *Neiswurz* for Niesewurz; *Gartenmohu* for Gartenmohn; *Meerettig* for Meerrettig; *Pomeranzin* for Pomeranzen; *Wiesser zimmet* for Weisser Zimmt; *Geftsumach* for Giftsumach; *Unchte Quassie* for Quassie, [we know not what the *unchte* means,] &c. &c. Nor do we think the best or distinctive synonymes have been selected: for example, under SINAPIS NIGRA we have as the German synonym *Schwarzer Senfe*, [Schwarzer Senf] which means "black mustard;" whilst under SINAPIS ALBA, "white mustard," we have *Senfsamen* or "mustard seed," in place of *weisser Senf. Bitter wurzel*—"bitter root"—is doubtless a synonym of Gentiana lutea; but the one most used is *Enzian wurzel*, which is omitted. These, however, are comparatively small matters; but we wish to see so good a book purged of all errors. To one who is not a German scholar, or who does not

desire to become one, the German synonymy is of course of little or no moment.

The work of Dr. Carson differs from that of Dr. Griffith essentially in this;—that whilst the text is subordinate, in the former, to the "Illustrations,"—in the latter, the xylographic representations are subordinate to the text. This difference between the works is sufficiently shown by a comparison of the title pages.

After stating in his "Introduction" the necessity for a lecturer, who is desirous of being successful, "to have at his command the means of presenting to his hearers the visible objects, or representations of them, about which he discourses," Dr. Carson adds:

"As regards the department of Materia Medica, the instruction usually given is accompanied by the exhibition of delineations of Medical Plants. This will answer the ends of the teacher, and greatly aid the listener for the time being; but amidst the multiplicity of objects, and from the brief period allowed for inspection, the impression made upon the mind is soon enfeebled, and in most cases altogether fades, if close and more protracted observation be not afforded. It is then desirable to possess the means of reviving impressions received, of studying the subject at leisure, and of rendering the plants familiar. But not only to students will the publication be serviceable; it will materially aid numerous teachers, whose facilities of access to the works from which the necessary materials for illustration can be derived, are few and imperfect, and in this respect a double end will be accomplished." * * * "As the design of the work," he concludes, "is simply to present the botanical history of the materia medica, and not a complete account of it, with the exception of indicating the modes of operation peculiar to each substance, all therapeutical and pharmaceutical details appertaining to it have been omitted. The works especially written with the view of unfolding them are full, and easy of access." p. 6.

It is proper to remark, that after acknowledging the sources whence information has been derived, Dr. Carson adds:—

"From the collection of specimens, which during the last ten years he has been enabled to make, and which have been employed by him in the Courses at the Philadelphia College of Pharmacy, many of the representations are entirely new, and where they are not strictly so, corrections have been made from this source, which render them more valuable than those which have been used as copy." p. 6.

The following account of a well known indigenous article of the materia medica will exhibit the Author's mode of managing the text:

POLYGALA SENEGA.—*Linnæus.*
Seneka Snake Root.

SEX. SYST.—Diadelphia Octandria.

GEN. CHAR.—*Sepals* five, persistent, the alæ large and petaloid. *Petals* three, their claws all united with the staminiferous tube, the lower one (*carina*) keel-shaped, the two additional ones abortive. *Stamens* united into a tube at the base, which is cleft in front; *anthers* opening by a pore. *Ovary* two-celled; *ovules*, solitary, pendulous from the apex of the cell. *Capsule* two-locular, loculicidal, compressed. *Seeds* pendulous from the apex of the cells, pubescent with a carunculate arillus at the hilum; *albumen* abundant, fleshy. *Shrubs* or herbaceous plants. *Flowers* arranged in terminal or axillary racemes. (Wright and Arnott in Lindley's *Flora Medica.*)

SPECIF. CHAR.—*Root* perennial, large, firm, and ligneous, with coarse branches. *Stem* nine to fifteen inches high, mostly several from the same root; simple, herbaceous, rather flaccid, and oblique, terete below, slightly angular above; minutely roughish-pubescent, with numerous small, ovate, sessile scales, like leaves, at or near the base. *Leaves* one to two, or three inches long, and one-third of an inch to near an inch wide, smoothish, slightly serulate or scabrous on the margin, more or less acuminately tapering at apex, and narrowed at base to a short petiole. *Spike* one to two inches long, dense, terminal, somewhat nodding, or flaccid; *pedicels* very short, each with an oblong lance-shaped bract at base, and two minute lateral bracts. *Flowers* greenish-white. Capsule obcordate, compressed, orbicular, retuse. *Seeds* large, pyriform, hairy.

This plant is an inhabitant of the United States; found in Pennsylvania, but more abundantly in the Southern and Western States. It flowers from June to August, and ripens its seeds as it flowers.

The root, which is the medicinal portion, is of various sizes, sometimes as thick as large quills, and at others minute and delicate. The head is disposed in the old roots to be enlarged, rough, and irregular, from the separation of the stems annually. It is branched, fibrous, contorted, and twisted, and marked by a sharp line or ridge, which extends the entire length. It is composed of a cortical substance and a ligneous cord. The colour varies from a dark-brown to a yellow. The dried root resembles the fresh, but is broken with a short fracture. It has a peculiar, disagreeable smell, and the taste is at first sweetish but afterward acrid and disagreeable.

In this root have been detected two new acids by Quevenne, *Polygalic acid* and *Virgineic acid*, as also tannic acid. The first is capable of union with bases; it is the principle called by Gehlen *Senegin;* the second is volatile and oily, and may be the volatile oil detected by Dulong. The acrid taste is due to the polygalic acid.

The medical properties of Senega are determined by the dose. In large quantity it is a nauseant and emetic; in smaller, diaphoretic, expectorant, and diuretic. It cannot be regarded as poisonous, although much inconvenience may be induced by an overdose. It is used in pulmonary affections, principally as a stimulant expectorant. It has also been proposed as an emmenagogue.

The introduction to the notice of the medical profession is due to Dr. Tennent, of Virginia, who became acquainted with it from learning that the Indians used it as a remedy in the bites of venomous snakes; hence the name of *Snake-root*. This remedial power, however, has not been sustained. It has been given in powder, but as it imparts its virtues to water, some of the preparations are preferred, as the decoction or syrup. Cox's Hive Syrup owes a part of its properties to this root.

This is only the first part of the work. The Prospectus informs us, that it is to be completed in five numbers, of twenty plates each,—the price of each number to subscribers being five dollars, payable on delivery.

The plates are beautifully executed on stone, and, in the case of plants with which we are familiar, are accurately coloured and life-like. We may infer, therefore, that such is the case with those with which we are unacquainted. Can further recommendations be needed for an undertaking so creditable to all concerned, and which, whilst it instructs the scientific inquirer, must be an object of interest and even of *virtu* to all?

Sydenham Society's Works. *On the Injuries and Diseases of Bones. Being Selections from the collected edition of the Clinical Lectures of Baron Dupuytren, Surgeon-in-chief to the Hôtel-Dieu at Paris. Translated and edited* by F. Le Gros Clark, Assistant Surgeon to, and Lecturer on Descriptive and Surgical Anatomy at St. Thomas's Hospital. 8vo. pp. 459. London: 1847.

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The following account of a well known indigenous article of the materia medica will exhibit the Author's mode of managing the text:

POLYGALA SENEGA.—*Linnæus.*
Seneka Snake Root.

SEX. SYST.—Diadelphia Octandria.

GEN. CHAR.—*Sepals* five, persistent, the alæ large and petaloid. *Petals* three, their claws all united with the staminiferous tube, the lower one (*carina*) keel-shaped, the two additional ones abortive. *Stamens* united into a tube at the base, which is cleft in front; *anthers* opening by a pore. *Ovary* two-celled; *ovules*, solitary, pendulous from the apex of the cell. *Capsule* two-locular, loculicidal, compressed. *Seeds* pendulous from the apex of the cells, pubescent with a carunculate arillus at the hilum; *albumen* abundant, fleshy. *Shrubs* or herbaceous plants. *Flowers* arranged in terminal or axillary racemes. (Wright and Arnott in Lindley's *Flora Medica.*)

SPECIF. CHAR.—*Root* perennial, large, firm, and ligneous, with coarse branches. *Stem* nine to fifteen inches high, mostly several from the same root; simple, herbaceous, rather flaccid, and oblique, terete below, slightly angular above; minutely roughish-pubescent, with numerous small, ovate, sessile scales, like leaves, at or near the base. *Leaves* one to two, or three inches long, and one-third of an inch to near an inch wide, smoothish, slightly serulate or scabrous on the margin, more or less acuminately tapering at apex, and narrowed at base to a short petiole. *Spike* one to two inches long, dense, terminal, somewhat nodding, or flaccid; *pedicels* very short, each with an oblong lance-shaped bract at base, and two minute lateral bracts. *Flowers* greenish-white. Capsule obcordate, compressed, orbicular, retuse. *Seeds* large, pyriform, hairy.

This plant is an inhabitant of the United States; found in Pennsylvania, but more abundantly in the Southern and Western States. It flowers from June to August, and ripens its seeds as it flowers.

The root, which is the medicinal portion, is of various sizes, sometimes as thick as large quills, and at others minute and delicate. The head is disposed in the old roots to be enlarged, rough, and irregular, from the separation of the stems annually. It is branched, fibrous, contorted, and twisted, and marked by a sharp line or ridge, which extends the entire length. It is composed of a cortical substance and a ligneous cord. The colour varies from a dark-brown to a yellow. The dried root resembles the fresh, but is broken with a short fracture. It has a peculiar, disagreeable smell, and the taste is at first sweetish but afterward acrid and disagreeable.

In this root have been detected two new acids by Quevenne, *Polygalic acid* and *Virgineic acid*, as also tannic acid. The first is capable of union with bases; it is the principle called by Gehlen *Senegin*; the second is volatile and oily, and may be the volatile oil detected by Dulong. The acrid taste is due to the polygalic acid.

The medical properties of Senega are determined by the dose. In large quantity it is a nauseant and emetic; in smaller, diaphoretic, expectorant, and diuretic. It cannot be regarded as poisonous, although much inconvenience may be induced by an overdose. It is used in pulmonary affections, principally as a stimulant expectorant. It has also been proposed as an emmenagogue.

The introduction to the notice of the medical profession is due to Dr. Tennent, of Virginia, who became acquainted with it from learning that the Indians used it as a remedy in the bites of venomous snakes; hence the name of *Snake-root*. This remedial power, however, has not been sustained. It has been given in powder, but as it imparts its virtues to water, some of the preparations are preferred, as the decoction or syrup. Cox's Hive Syrup owes a part of its properties to this root.

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times; and the following introductory remarks will explain the "scope, objects and arrangement of the work."

"In the original," says Mr. Clark, "the articles in question are scattered through the first two volumes of the 'Leçons Orales,' without any regard to appropriate collocation. Moreover, much confusion is the consequence of frequent and sudden changes from the first to the third person;—the Professor being made sometimes to speak in the former, at others in the latter; or, again, his editors speak for him, or quote his opinions. In the translation it has been thought desirable to impart an uniform style to the work; as well as to render the French into corresponding idiomatic English, as far as was compatible with a strict adherence to the meaning of the author. To carry out this intention, a paraphrastic translation has been, in a measure, rendered essential. Compression, also, has been resorted to in details generally; and many of the cases have been abridged, especially in those parts of them which have no immediate reference to the subjects under consideration. In short, the object has been, to render the present treatise more acceptable to the English reader, by disencumbering the original of needless repetition and redundancy,—a process of condensation to which one cannot but believe that the author himself would have subjected the work, had he superintended its publication in a complete form; although it is not difficult to appreciate the motives of his able editors, in retaining and enlarging upon all that fell from their esteemed preceptor." p. vi.

A biographical sketch of the author is prefixed to the volume, which has the rare merit, that whilst it depicts in glowing terms the elevated intellectual qualities of the subject of the biography, it does not conceal his admitted failings. It is a picture of the man as he was, not as the biographer would wish him to have been.

The third issue of the Sydenham Society for the year will be the works of the illustrious Harvey.

Lectures on subjects connected with Clinical Medicine; comprising Diseases of the Heart. By P. M. Latham, M. D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. 8vo. pp. 365. Ed. Barrington and Geo. D. Haswell. Philadelphia, 1847.

In his capacity of physician to one of the largest Hospitals in London, during a number of years, the author of these lectures enjoyed unusual opportunities for watching the phenomena and

progress of disease, and the influence of medical treatment, and few men have evinced greater zeal to avail themselves of such advantages, or have been endowed with higher powers for profiting by them. Unlike many of our most admired investigators of the present day, he does not present us with a mass of heterogeneous matter in the shape of facts, without the least seeming object or combination; but resemblances are noticed, concurrences pointed out, and deductions, natural and obvious, are drawn, so that the reader is made to comprehend the philosophy as well as the facts of the science.

The object of the lecturer has been to present to the student a concise account of the diseases of the heart, as met with at the bed side, and not that extended investigation into all that relates to the subject, which is found in the more comprehensive work of Dr. Hope. It differs, too, from the latter work in strictly avoiding all controversy. "Mine," he remarks, "is a limited purpose. It is to regard the diseases of the heart only in one point of view, i. e., as they appear in the living man. But this one point of view includes the several objects of their clinical diagnosis, and their clinical history, and their medical treatment." Rightly conceiving that "the clinical diagnosis of diseases of the heart, owes all the higher degrees of certainty to which it has been carried in our own times, entirely to auscultatory signs," "the natural sounds and impulses and resonances" of the organ are accurately described, in order that the degree and extent of variations from these may be understood as evidences of unsoundness. The whole subject, of diseases of the heart, including angina pectoris and pericardiac affections, is treated in a brief but masterly manner.

A treatise on the diseases of the eye. By W. Lawrence, F.R.S., Surgeon Extraordinary to the Queen, etc. etc. etc. *A new edition. Edited, with numerous additions, and one hundred and seventy-six illustrations*, by Isaac Hays, M. D., Surgeon to Wills' Hospital; Physician to the Philadelphia Orphan Asylum; Member of the American Philosophical Society; Fellow of the College of Physicians of Philadelphia, etc. etc. 8vo. pp. 859. Lea and Blanchard, Philadelphia, 1847.

The treatise on diseases of the eye by Mr. Lawrence has been

long before the profession, and is too extensively, and, we may add, too favourably known to require lengthened notice or particular commendation. It commences as, in our opinion, all such treatises designed for the use of students and general practitioners ought to commence, with a full account of the anatomy and physiology of the eye-ball. After describing the various parts in the normal condition, and their functions in health, the lesions both of structure and function are more readily discovered and better appreciated. Such an introductory course is indispensable to the student, and to the country practitioner, who has not access to extensive treatises on anatomy and physiology, scarcely less so.

The author's descriptions of the various diseases of the eye, lachrymal organs, &c., are remarkably full and explicit, and from his large experience and thorough reading, there can be little doubt, that the treatment pointed out in the several affections is in accordance with the present advanced state of our knowledge in this important branch of surgical science.

"Among the additions which have been made," says the Editor, "may be noticed,—the descriptions of several affections not treated of in the original—an account of the catoptric examination of the eye, and of its employment as a means of diagnosis—one hundred and seventy-six illustrations, some of them from original drawings,—and a very full index."

The editor has had much experience in the treatment of this class of diseases, in private practice as well as in public institutions, and his contributions therefore constitute a valuable part of the publication. We cannot but regret, however, the evident haste in which these contributions have been written. Had he allowed himself more time in the preparation of his notes and commentaries, he would doubtless have corrected and rendered more perspicuous many passages which are now obscure; and, we hope, would have more generally followed the nomenclature adopted in the U. S. Pharmacopœia. He might have written strych*nine* for strych*nia*; but certainly not carbonate of potassi*um* for carbonate of potass*a*; hydriodate of potassi*um* for hydriodate of potass*a*,—*iodide of potassium;* &c. We should have been pleased, also, to have discovered more frequent reference to contemporaneous American writers on diseases of the eye, and a less exclusive

reliance on the pages of a single American Medical Journal (Am. Jour. of Med. Science) for cases and opinions. Still, we can most heartily commend this edition of Lawrence on the Eye, as a rich store-house of ophthalmic knowledge.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1847.

NATIONAL MEDICAL CONVENTION.

In our *Record* department of the present number of the Examiner, will be found the Minutes of the Proceedings of the Medical Convention, which assembled in this city on the 5th ultimo. To bring the account within the limits of a single number, we have been obliged to omit the names of the delegates, and to defer to future numbers the reports made by the several committees appointed at the previous Convention.

Among the resolutions reported by the committees was one recommending to the medical schools of the country to extend the lecture term to six months, and to demand of the medical student higher preliminary attainments. On another page we have indulged in some strictures on the proceedings in reference to the latter point, expressive of our surprise at the very slender, we might say, derogatory amount of literary knowledge, suggested as sufficient by gentlemen who have been so anxious to *elevate* the professional standard. In regard to an extension of the lecture term by the colleges, much may be said for and against the scheme; but one thing is most certain, that it cannot be accomplished without a pretty general concurrence among the colleges themselves, and present indications do not seem to warrant the belief that such will be the case. We infer this from past experience, but more particularly from the following remarks contained in the Boston Medical and Surgical Journal of the 19th ult., the editor of which was a member of the Convention, and is withal

well acquainted with every thing pertaining to the New England Medical Schools, but not being in any manner connected with them, can have no bias other than that resulting from a more intimate acquaintance with the difficulties of the subject than is generally possessed, from having himself in former years been engaged in teaching

"One measure of the Convention, which proposes that the lecture terms shall be extended to six months in all the medical colleges in the Union, will be hard to digest, although carried triumphantly through the Convention. The fact is, these institutions are independent bodies, with chartered rights which cannot be wrenched from them. They may be induced by the force of public opinion to vary very considerably the present system of lecturing, but cannot be driven or persuaded to continue the annual series of lectures any longer than the judgment of the faculties determines. Students could not be kept together so long without some new and stronger motive than has yet been presented to them. Both professors and pupils, we fear, would loathe the sight of each other before the term was brought to a close. In the fickle climate of New England it is a question whether either party could endure the fatigue of a six months session, without suffering in health. Again, at least one-third, if not more, of the students entering upon the study of medicine, could not procure the means of defraying their personal expenses, six months in succession. But as the ground was thoroughly surveyed by the advocates and opponents of the scheme, we shall neither go over it again, nor present a category of new arguments in opposition to the expressed will of a majority, but frankly state what we believe to be true, viz., that New England will not conform to the proposed measure, and that the institution which first announces the long term system will droop and die.

The meeting of the Convention in Philadelphia was delightful, and our recollections are of a very pleasant kind. At no period in the history of the republic, have so many physicians been together from its different portions. Good must result from the interviews which gentlemen had with each other; and the warm friendships that were commenced on that agreeable occasion, will be promotive of kindness and fraternal feeling. The public doings, also, of the Convention will exert a beneficial influence, although the progress of reform must necessarily be slow and perhaps tedious."

In the concluding remarks of our Boston brother, every member of the profession in Philadelphia will heartily concur. Whatever may result from the proceedings of the Convention,—in the number and respectability of those who composed it, and the dignity which prevailed thoughout all its sittings, there was much to be proud of. We believe, that all its members from a distance were impressed with the brotherly feeling manifested towards them, as well as towards each

other, by the physicians of Philadelphia; and we speak advisedly, when we say that the latter were delighted with the opportunity afforded them of making the acquaintance of their distinguished brethren thoughout our great and glorious country.

SHIP FEVER.

The vast number of emigrants arriving at some of our sea-ports, particularly New York, has become a source of considerable anxiety to the inhabitants. Not merely from the rapid accumulation of persons beyond the immediate means of employment, which constitutes a serious tax upon the people, but from the destitution of the poor creatures, and the crowded state of the vessels in which they are brought, many of them pass at once into the public institutions, affected with what is called ship fever; and this in some instances has extended to the inmates, and even the officers of the institutions into which they are received.

For weeks past we have had accounts of this state of things in the city of New York, and now, by the public prints, we learn that the same is occurring in the city of Baltimore. By a letter dated Baltimore, May 21, 1847, published in the United States Gazette, the writer says: "What is termed the ship fever is now prevailing to a considerable extent among the emigrants recently arrived at our port. In several instances it has proved fatal, and is said to be contagious. Dr. Lawrence, one of the health officers, was taken with it, and is now quite ill."

OBITUARY.

Died, in the city of New York, on the 29th of April last, in the sixtieth year of his age, John Revere, M. D., Professor of the Theory and Practice of Medicine in the Medical Department of the University of the City of New York.

Dr. Revere was born in the city of Boston, and was the son of Paul Revere, a distinguished patriot of the Revolution. After completing his education at Cambridge, Mass., he entered as student of Medicine in the office of Dr. James Jackson, of Boston, and after the requisite period of study proceeded to Europe, where he spent several years in the pursuit of knowledge, and graduated at the University of Edinburgh, under the distinguished Professors Home, Hope, Hamilton, Monro, &c. Having thus honourably finished his education, he returned to his native city and commenced the practice of his profes-

sion, but was soon compelled to relinquish it, and fly to a more genial clime, in consequence of frequent inflammations of the lungs and threatened phthisis. A trip to Richmond, Va., where he spent some time, so far improved his health, that he was induced again to attempt the practice of his profession, and with that view he settled in Baltimore, where he remained several years, and then proceeded again to Europe on business. Whilst in Europe, he was elected to the chair of the Theory and Practice of Medicine in the Jefferson Medical College of Philadelphia, the duties of which he continued to discharge with great fidelity and ability for several years, when, in the year 1841, he was induced to resign, in order to accept a chair in the University of New York.

We had the pleasure of being associated with him in the Jefferson Medical College, and a more zealous instructer in the important branch which he taught could not be met with. Although his health was then somewhat delicate, he rarely failed to be at his post; and on all occasions of importance participated in the deliberations of his colleagues,—ever anxious to advance the great interests of the profession to which he belonged, and of the institution with which he was more immediately connected.

Died,—In Richmond, Virginia, on the —— ultimo, Augustus S. Warner, M.D., Professor of Surgery in the Hampden Sidney College. Professor Warner, we are informed, was an intrepid and successful surgeon, and an able and eloquent lecturer.

Died,—Suddenly in this city, on the 9th ultimo, in the 51st year of his age, George McClellan, M. D., formerly Professor of Surgery in the Medical Department of Pennsylvania College, and previously in Jefferson Medical College. Dr. McClellan was eminent as a surgeon, and particularly distinguished as a bold and ingenious operator, and an ardent and eloquent lecturer. The College of Physicians, of which he was a member, was convened on the occasion of his death, when the following proceedings were had:

"Whereas, By the sudden demise of Doctor George McClellan, in the period of maturity of intellect, and in the enjoyment of extensive professional usefulness and reputation, this College, of which the deceased was a Fellow, and the community at large, have sustained a loss which will be long felt, as it is now deeply deplored. Therefore,

Resolved, That the College will attend the funeral of its deceased Fellow George McClellan, as a mark of their respect for his talents and his worth.

Resolved, That the College tender to the family of the deceased their sincere sympathy and condolence for the very great and irreparable bereavement they have sustained in the death of a most kind and affectionate husband and parent.

Resolved, That Dr. Samuel G. Morton be requested to prepare a biographical notice of our deceased Fellow, to be read before this College.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and that they be published in the daily papers, and in the Professional Journals of the city.

Resolved, That the College adjourn to meet at nine o'clock to-morrow morning, to proceed in a body to attend the funeral of their deceased Fellow."

RECORD OF MEDICAL SCIENCE.

PROCEEDINGS OF THE NATIONAL MEDICAL CONVENTION,

Held in the City of Philadelphia, in May, 1847.

PHILADELPHIA, *May 5th*, 1847.

The delegates to the National Medical Convention assembled in the Hall of the "Academy of Natural Sciences," at 10 o'clock, A.M.

Dr. Isaac Hays, Chairman of the Committee of Arrangements from the Philadelphia delegation, opened the proceedings with a few remarks, welcoming the delegates to the city, and expressing on behalf of his delegation the gratification it afforded them to receive the members of the Convention as their guests. He then proposed a temporary organization, and nominated Dr. Jonathan Knight, of Conn., as Chairman. This nomination was unanimously confirmed.

Drs. Arnold, of Georgia, and Stillé, of Pennsylvania, were then appointed Secretaries.

On motion of Dr. Hays, and by appointment of the Chairman, Drs. Arnold, of Ga.; Blatchford of N. Y.; Thompson, of Del; Haxall, of Va.; and Bishop, of Conn., were constituted a committee to examine and verify the credentials of the Delegates to the Convention. The meeting then took a recess for half an hour.

On re-assembling, it was moved by Dr. J. M. Smith, of N. Y., and seconded by Dr. F. C. Stewart, of N. Y., that a committee of one, from each State represented, should be appointed to nominate permanent officers for the Convention.

The following gentlemen (whose credentials had already been verified) were appointed by the Chairman:—

1.	Dr. Holmes,	*Mass.*	13.	Dr. Moultrie,	*S. C.*
2.	" Twitchell,	*N. H.*	14.	" Mitchell,	*Ky.*
3.	" Dunn,	*R. I.*	15.	" Garvin,	*Ga.*
4.	" E. Ives,	*Conn.*	16.	" Buchanan,	*Tenn.*
5.	" Stearns,	*N. Y.*	17.	" Pierce,	*Mich.*
6.	" Hall,	*Vt.*	18.	" Frye,	*Ill.*
7.	" Cole,	*N. J.*	19.	" Carpenter,	*La.*
8.	" Norris,	*Pa.*	20.	" Keirn,	*Miss.*
9.	" G. W. Baker,	*Del.*	21.	" Bullitt,	*Mo.*
10.	" Gibson,	*Md.*	22.	" Shipman,	*Ind.*
11.	" Welford,	*Va.*	23.	" Butterfield,	*Ohio.*
12.	" Lindsley,	*D. C.*			

On motion, the Committee were instructed to nominate *four* Vice Presidents, and *three* Secretaries.

The Committee for the Verification of Credentials then presented the following report, which, on motion, was accepted, and the committee continued.

The Committee beg leave to report that they have examined the Credentials of the delegates from the several sections of the Union, and herewith submit a list of them.

Owing to the number of vouchers required to be examined, and the necessarily hurried manner in which the committee have been obliged to perform their duty, some omissions may have been made. If so, they request that gentlemen, so omitted, may at once hand in their names to the Secretaries.

R. D. Arnold,
T. W. Blatchford,
Jas. W. Thomson,
R. W. Haxall,
E. H. Bishop.

DELEGATES.

[To save space we are compelled to omit the names of the delegates.—*Ed.*]

New Hampshire—New Hampshire Medical Society, 5. Dartmouth Medical College, 1.

Vermont—Vermont Medical College, 1. Vermont Medical Society, 4. Faculty of Castleton Medical College, 1.

Massachusetts—Massachusetts Medical Society, 8. Middlesex District Medical Society, 3. Faculty of Medicine of Harvard University, 1. Berkshire Medical Institute, 1.

Rhode Island—R. I. Medical Society, 4.

Connecticut—Medical Institution of Yale College, 2. Connecticut Medical Society, 8. New Haven Medical Association, 1.

New York—College of Physicians and Surgeons in the city of New York, 3. New York State Medical Society, 19. Medical Faculty University of the City of New York, 4. Rensselaer Co. Medical Society, 2. Troy Medical Association, 1. Erie Co. Medical Association, 1. Cortland Medical Society, 1. New York Medical and Surgical Society, 5. Medical Department of the University of Buffalo, 1. Med. Fac. of Geneva College, 1. Albany Medical Col-

lege, 4. New York Pathological Society, 4. New York Hospital, 2 Medical Society of the City and County of New York, 14. New York Academy of Medicine, 15.

New Jersey—Medical Society of New Jersey, 10. District Medical Society of Burlington, 3.

Pennsylvania—College of Physicians of Philadelphia, 16. University of Pennsylvania, 3. Philadelphia Medical Society, 12. Jefferson Medical College, 3. Pennsylvania College, 3. Franklin Medical College, 3. Philadelphia College of Medicine, 2. Medical Institute of Philadelphia, 1. Northern Medical Association of Philadelphia, 12. Lancaster City and County Medical Society, 7. Med. Soc. of Montgomery Co., 3.

Delaware—Medical Society of the State of Delaware, 9. Med. Association of the City of Wilmington, 4.

Maryland—Medical and Chirurgical Faculty of Maryland, 6. Association of Med. Faculty of Frederick City, 1. Washington University of Baltimore, 2.

District of Columbia—Medical Society of the District of Columbia, 3. Medical Department of the Columbian College, 3.

Virginia—Medical Convention of Virginia, 9. Medical Society of Virginia, 16. Petersburgh Medical Faculty, 5. Medical Soc. of Fredericksburg, 1.

South Carolina—Medical Society of South Carolina, 3. Medical College of the State of South Carolina, 1.

Georgia—Georgia Medical Society, 2. Medical College of Georgia, 2.

Mississippi—Mississippi State Medical Society, 3.

Louisiana—Medical Department of University of Louisiana, 3.

Missouri—Medical Department of the St. Louis University, 2. St. Louis Association of Physicians, 1.

Illinois—Rush Medical College, 1.

Indiana—Indiana Medical College, 4.

Michigan—State Medical Society, 1.

Ohio—Medico-Chirurgical Society of Cincinnati, 1. Ohio Medical Convention, 3. Willoughby Medical College, 1.

Kentucky—Medical Department of Transylvania University, 3.

Tennessee—Medical Department of the State of Tennessee, 1.

The Committee charged with the nomination of permanent officers for the Convention, reported through their chairman, Dr. Eli Ives, the following nominations:

President.—Dr. Jonathan Knight, Conn.

Vice Presidents.—Dr. Alexander H. Stevens, N. Y.; Dr. George B. Wood, Pa.; Dr. A. H. Buchanan, Tenn.; Dr. John Harrison, La.

Secretaries.—Dr. Richard D. Arnold, Ga.; Dr. Alfred Stillé, Pa.; Dr. F. Campbell Stewart, N. Y.

Which were unanimously confirmed.

The officers having taken their places, the Convention was declared to be duly organized, and ready for the transaction of business.

On motion of Dr. J. L. Atlee, of Lancaster, Pa., it was—

Resolved, That any medical gentlemen present from States not otherwise represented, and the members of the Medical Staff of the Army and Navy, now in the city, be invited to take seats in the Convention.

The following Resolution was introduced by Dr. Thomson, of Del.

Resolved, That any member of the last Convention, now present, not elected a Representative in this Convention, be invited to take a seat in the same, and participate in its deliberations ;—which, on being put to the vote, was lost.

The following Resolution, presented by Dr. Corbin, of Va., was also lost: viz.—

Resolved, Unanimously by the National Medical Convention, that the Ex-Professors of medicine of the various Medical Schools of the U. S., and such Professors from abroad as may be in Philadelphia, be invited to take seats in this body.

Dr. Hays called for the reading of the Report of the Committee appointed by the last National Medical Convention, to prepare a plan of organization for a *National Medical Association*. Dr. Watson, Chairman of the Committee, presented a report, which, after being read, was, on motion of Dr. Watson, received and laid upon the table in order to be printed.

Dr. Griscom, of N. Y., Chairman of the Committee appointed by the last National Convention to consider the expediency and mode of urging upon the State governments the adoption of measures for a registration of Births, Marriages, and Deaths presented a Report, which was received, and laid upon the table in order to be printed.

After which, on motion, the Convention adjourned to meet at 7 o'clock, P. M.

Evening Session.

The Convention met pursuant to adjournment.

Invitations to the Convention to visit the Philadelphia House of Refuge and the Institution for the Deaf and Dumb, were read.

Dr. Haxall, Chairman of the Committee "on the requirements for the degree of M. D.," appointed by the Convention of 1846, presented a Report, which was, on motion, received, and laid upon the table to be printed.

The Committee on Credentials, reported the following additional delegates. From Medical Society of King's County, New York, 5. New York City Vaccine Institution, 2. The Medical Department of the University of the State of Missouri, 1. Massachusetts Medical Society, 1. Faculty of Physic of the University of Maryland, 3.

On motion of Dr. Reese, of N. Y., the verification of the credentials of the delegate from the N. Y. Vaccine Institution was referred to the delegates from that city, with instructions to report thereupon.

Dr. Couper, of Del., as Chairman, presented the Report of the Committee " on Preliminary Education," appointed by the Conven-

tion of 1846, which, after being read, was, on motion, received, and laid on the table to be printed.

Dr. Hays presented a portion of the Report of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, which (after some remarks by the Reporter in regard to the sources from which the provisions of the code were mainly derived) was read and disposed of temporarily, in the same manner as the foregoing reports.

The following Preamble and Resolution, introduced by Dr. Watts, of N. Y., was adopted:

Whereas, The credentials contain the names of delegates elected, of whom a part will not be present, therefore,

Resolved, That the "Register" of the Philadelphia Committee of Arrangement be adopted as the Register and Roll of the Convention.

Dr. Griscom moved that the Committee "on a Nomenclature of Diseases," of which he is Chairman, be authorized to print so much of the same, as it shall deem expedient for the use of the Convention. Carried.

Dr. D. Judkins, of Cincinnati, moved that when the Convention adjourns, it adjourn to meet at 9 o'clock, A. M. Several amendments fixing the hour at 10, and the length of the Session from 9 until 3 o'clock, were rejected, and then the original motion prevailed.

At the suggestion of Dr. Hays, it was—

Resolved, That no persons should have access to the floor of the Convention, except delegates furnished with the cards provided by the Philadelphia Committee of Arrangement.

After which the Convention adjourned to 9 A. M. of the following day.

May 6th. Morning Session.

The Convention reassembled at nine o'clock, A. M.

The Minutes of the first day's proceedings having been read and approved, the roll was called; after which the Committee on Credentials reported the names of the following additional delegates.

From the Centre County Medical Society (of Pennsylvania,) 1. New York Pathological Society, 1. New York City and County Medical Society, 1. From the District Medical Society of Salem county, N. J., 1. From the Alumni of Castleton Medical College, Vermont, 1.

Dr. J. H. Griscom, of New York, presented the following resolution, which was adopted:

Resolved, That a committee of five be appointed by the Chair, to consider and report to the Convention measures for defraying its expenses.

The President then appointed the following gentlemen to the Committee: Drs. J. Bell, of Philadelphia; A. March, of Albany; J. M. Smith, of New York; L. A. Smith, of New Jersey; B. R. Wellford, of Virginia.

Dr. Stewart reported that the delegates from the New York Vaccine

Institution, whose credentials had been referred to the New York City delegations, had withdrawn the same.

Dr. N. S. Davis, of Binghamton, New York, offered the following resolution, which was ordered to be laid upon the table.

Resolved, That a committee of one from each State represented in this Convention be appointed by the President, whose duty it shall be to investigate the *Indigenous Medical Botany* of our country; paying particular attention to such plants as are now, or may be hereafter during the term of their service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country; and report the same in writing, giving not only the Botanical and Medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association.

A letter, addressed to the Secretary of the Convention, was now received and read; it was signed by Dr. Lewis W. Chamberlayne, in behalf of the Medical Faculty of Hampden Sydney College, at Richmond, Va., and expressed the concurrence of the Faculty in the objects that brought the Convention together, and a regret that the delegate appointed to represent that body, was prevented by illness from attending.

An invitation was received from the Rev. Jno. A. Vaughan, Principal of the "Pennsylvania Institution for the Instruction of the Blind," for the members of the Convention to visit that Institution.

On motion of Dr. R. S. Kissam of N. Y., this, and all other invitations extended to the Convention, were ordered to be acknowledged and accepted by the Secretaries.

Dr. J. Bell, Chairman of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, read the introduction to the report presented yesterday, which was, on motion, ordered to be printed.

The report of the Committee appointed by the last Convention, to consider Dr. Bartles' Resolution, in regard to the union of teaching and licensing, was now called for. Dr. McNaughton, of Albany, Chairman of the Committee, presented and read a minority report. The majority report was presented by Dr. Isaac Parrish of Philadelphia.

On motion of Dr. Reese, of N. Y., both reports were received and ordered to be printed.

Dr. A. B. Shipman, of N. Y., presented the following which was adopted:

Resolved, That Dr. Thomas Spencer, of Geneva, N. Y., accidentally with us on a tour for the restoration of his health, be invited to sit with us as a member of this Association; to participate in the debates but not to vote.

Dr. J. H. Griscom, of N. Y., Chairman of the Committee appointed to prepare a "Nomenclature of Diseases," presented and read the report of his committee; which was received and ordered to be printed.

The following order was proposed by Dr. J. V. C. Smith, of

Boston, and, on motion of Dr. Watson, laid upon the table for the present.

Ordered, That a committee be appointed by the chair to select a place for the National Medical Convention to hold a session in 1848.

Dr. Couper, of Delaware, moved that the report of the Committee on Preliminary Education, be now taken up. This motion prevailed, and the report having been again read, the resolutions accompanying it, were declared to be under consideration.

Several amendments to the first resolution having been proposed and lost, the question was taken upon the adoption of the resolution: and it was adopted.

The second Resolution was adopted after substituting the word "pursue" in place of "complete."

The third Resolution having been read, Dr. Cabell, of Va., offered an amendment, which was adopted, but subsequently reconsidered and withdrawn, and the resolution passed without amendment.

On motion, the Report of the Committee was adopted and ordered to be printed, together with the resolutions, as part of the proceedings of the Convention.

On motion of Dr. John Stearns, of New York, Professor Hare, of Philadelphia, was invited to a seat in the Convention, and to take part in the debates, but without the privilege of voting.

An invitation was received from the delegates in attendance from the city of Baltimore, for the National Association about to be formed, to hold its Session for 1848 in that city.

On motion, it was determined that when the Convention adjourns, it will adjourn to meet again at 5 o'clock, P. M.

Dr. Joel Hopkins, of Maryland, offered the following Resolution to be adopted as a rule of the Convention.

Resolved, That no gentlemen shall be permitted to speak more than twice on the same proposition, nor occupy more than fifteen minutes in speaking, without leave of the Convention.

The resolution was amended, by inserting "ten minutes" in lieu of "fifteen minutes," and then adopted.

On motion of Dr. M'Naughton, of Albany, 250 additional copies of the Report of the Committee on Preliminary Education were ordered to be printed, and the Convention adjourned.

Afternoon Session.

The Convention was called to order at the hour to which it had adjourned.

The Committee on Credentials reported the name of Dr. J. Breitenbach, as an accredited Delegate from the Lebanon County Medical Society of Pennsylvania.

Dr. J. L. Pierce, of Michigan, offered the following resolution, which was adopted.

Resolved, That the delegates to this Convention, be requested to ascertain as far as may be practicable, and report to the next annual

meeting, the number of practitioners of medicine in their respective states—designating the number who may have received a diploma from a medical college, the number who may have been licensed by a medical society, and the number who practice medicine without any authority whatever.

Dr. I. Hays, of Philadelphia, moved to take up the report of the committee, appointed under the fourth resolution of the convention of 1846. This motion prevailed, and on motion of Dr. N. S. Davis, of Binghamton, the resolutions attached to the report were ordered to be considered seriatim.

The first resolution having been read, Dr. Smith, of Newark, N. J., moved to amend by inserting "five months," in place of "six months"—the amendment was lost, and the question being taken upon the resolution, it was adopted.

The second, third, fourth, fifth, and sixth resolutions were then severally read and adopted without discussion.

The seventh resolution being under consideration, Dr. Washington L. Atlee, of Pennsylvania, offered the following as a substitute:

"That it is incumbent upon the Preceptors, to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Medical Colleges, to require candidates for graduation to show that they have attended upon Hospital practice for one session, whenever it can be accomplished."

This substitute, having been accepted by the committee, was adopted.

Resolutions were proposed by Drs. J. P. Jervey, of South Carolina, and Dr. A. H. Stevens, of New York, but were withdrawn in favour of the following additional resolution, offered by Dr. F. Campbell Stewart, of New York, and unanimously adopted,

"That it be suggested to the Faculties of the various Medical Institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures."

The two remaining resolutions were then acted upon and passed; and on motion, the report and resolutions were adopted.

An invitation was received from Dr. Thomas S. Kirkbride, of the "Pennsylvania Hospital for the Insane," for the Delegates to visit the Institution under his control; and then the Convention adjourned to nine o'clock, A. M., on the following day.

May 7th. Morning Session.

The Convention re-assembled at nine o'clock, A. M.

Dr. Stevens, of New York, moved that a committee be appointed to invite Dr. John Redman Coxe to take a seat upon the floor of the Convention; which was carried.

Dr. Stearns and Ely Ives were appointed.

Dr. Blatchford, of New York, moved that Dr. Cheney Howe, of St. Louis, Mo., be invited to take a seat upon the floor of the Convention; which was carried.

The minutes of yesterday's meeting were then read.

Dr. Haxall, of Virginia, moved to reconsider so much of the min-

utes as relate to the fifth resolution accompanying the report of the committee of which he was chairman; which motion was carried.

He then moved to strike out the words "that not less than one hundred lectures be delivered by each Professor;" which was carried.

The resolution as amended was then adopted.

The minutes were then confirmed.

The committee on credentials reported the following additional accredited Delegates:

Pennsylvania.—Pennsylvania Centre Co. Medical Society, 3.

Maryland.—Lebanon Med. Co. Society, 12. Med. and Chirurg. Faculty of Maryland, 3.

Dr. Geo. B. Kerfoot, of Pennsylvania, offered the following:

Resolved, That when physicians are called upon by courts of justice to give medical evidence, or opinions in medico-legal questions; by coroners to make *post-mortem* examinations, or chemical analyses; such services shall be considered professional, and remuneration expected accordingly.

Which was laid on the table.

Dr. Sumner, of Connecticut, offered the following:

Resolved, That a committee of three be appointed to ascertain and report to the next meeting of this Association, what legal enactments exist in the several states relative to the practice of medicine; and also what societies and associations have been formed by the physicians of the different states, to advance the medical profession.

Which was laid on the table.

Dr. Bell, of Penn., made the following report.

The committee appointed for taking measures to defray the expenses of the Convention, Report,

That from inquiries made, they believe that the sum of six hundred dollars will cover all the expenses incident to the meeting of the present Convention, and they respectfully recommend that each member be invited to contribute three dollars to make up the above sum.

Signed, JOHN BELL, Chairman.

After some discussion the report was adopted.

Dr. L. P. Bush, of Delaware, offered the following, which was laid on the table.

Resolved, That the committee on expenses be requested to collect the amount indicated as necessary to defray the expenses of the Convention.

On motion of Dr. Watson, of New York, the Convention took up the report of the committee on the organization of the National Medical Association.

Dr. Naudain, of Penn., moved that it be read from the Secretary's desk.

Dr. Cock, of New York, moved to dispense with the reading.

Dr. Naudain's motion prevailed.

The report was then read by the Secretary.

Dr. Hays, of Penn. moved to adopt the resolution on page second

of the printed report, as far as the words "and that" on the 12th line, which was carried.

The Convention then proceeded to the consideration, seriatim, of the articles proposed for the government of the Association.

The first article being under consideration, Dr. Kerfoot, of Penn. offered the following as an amendment, that the title be "The Conventional Association of the United States."

Which was lost.

Dr. Stout, of New York, proposed the following amendment, that the title be "The Medical Association of the United States of North America."

Which was lost.

The first article was then put to vote and adopted without amendment.

The second article being then before the Convention, Dr. Hays, of Penn., offered the following:

Resolved, That the report be referred back to the committee with instructions to report a plan of organization in accordance with the following sketch.

1st. The Society to consist of members to be elected by the Association, directly, or through its council.

2. Members before admission into the Association, to sign a promise to conform to the laws of the Association.

3. Members who violate this pledge, to be liable to expulsion, and to be deprived of the rights of brotherhood.

4th. For the appointment of a council to consist of the officers of the Society, and of councillors, to be elected annually, or all the former, and a portion at least of the latter, to be elected annually. The councillors to have the general superintendence of the concerns and publications of the Association, and to report the proceedings to the Association at its annual meeting.

After considerable discussion, Dr. Hays' resolution was lost.

It was then moved to adopt the second article.

Dr. Cabell, of Virginia, moved to insert after the word "Association," on the ninth line of the third page, second Article, of the printed copy, the words "but without the right of voting."

Dr. Askew, of Del., offered the following amendment, which was lost.

That the third section of the second article be amended, by adding the words "State and," between the words "each" and "local;" and that the word "ten" be stricken out, and the word "five" be inserted.

Dr. Sumner, of Conn., moved to adopt the whole of the remaining articles.

The question was then taken upon adopting the whole of the remaining articles, and was carried.

The question was then put upon the adoption in full of the report as amended, and was carried.

The Convention then took up the report of the committee on Medical Ethics.

Dr. L. P. Bush, of Del., moved to adopt the whole of the report, including the introduction.

Dr. John L. Atlee, of Penn., offered the following amendment, which was lost, viz.: in the fourth Section of Article four, to strike out the words, "in which they have been called," and to insert the words "of seniority, commencing with the youngest."

The question on Dr. Bush's motion, was then put to the Convention, and was carried.

The report of the Committee upon Registration was then taken up, and with the resolutions accompanying it, was adopted without dissent.

The Convention took a recess for ten minutes, to enable members to hand in their contributions to the committee appointed to receive them, for the purpose of defraying the expenses of the Convention. After the Convention had re-assembled, the President announced the following Committee under the 2d Resolution, accompanying the report of the Committee on Registration.

Drs. J. H. Griscom, of New York,
C. A. Lee, " "
A. Clark, " "
G. Emerson, of Pennsylvania,
R. D. Arnold, of Georgia,
Jno. D. Russ, of New York,
Lemuel Shattuck, of Massachusetts.

The following communication, from Dr. Robley Dunglison, on the publications of the Sydenham Society, was then read to the Convention.

To the President of the National Medical Convention.

Philadelphia, May 6th, 1847.

Sir,—I hope I may be pardoned by the Convention, for drawing the attention of its members to the *Sydenham Society of London*, which was instituted a few years ago, "for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature," "not likely to be supplied by the efforts of individuals" It has been, and is, the purpose of the Society to carry its objects into effect by a succession of publications, embracing among others—*First*. Reprints of standard English works, which are rare or expensive. *Secondly*. Miscellaneous selections from the ancient, and from the earlier modern authors, reprinted or translated. *Thirdly*. Digests of the works of old and voluminous authors, British and foreign, with occasional biographical and bibliographical notices. *Fourthly*. Translations of the Greek and Latin medical authors, and of works in the Arabic, and other Eastern tongues, accompanied, when it is thought desirable, by the original text. *Fifthly*. Translations of recent foreign works of merit. *Sixthly*. Original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerating sale;—such as bibliographies, alphabetical, and digested indexes to voluminous periodical publications, &c.

The Society was instituted in the year 1843, on the plan of the Camden, Parker, and other societies, and now consists of between two and three thou-

sand members;—the annual subscription being in England, £1, 1*s*, paid in advance—in this country *five dollars*, for which sum each member receives a copy of every book printed by the Society,—the duty and expenses of transmission being, of course, paid by the member, in addition.

The edition of the first year's books, (for 1843–4,) comprising *Hecker's Epidemics, Louis on Phthisis*, and *Sydenham's works* in Latin, consisted of 1750 copies; but owing to the large increase of members, it was found necessary to reprint them, and they are now in the hands of several members in this country. Of each of the works issued for the second year—1844–5—*Paulus of Ægina*, Vol. I., *Observations on Aneurism*, and *Simon's Animal Chemistry*, Vol. I., 2250 copies were printed; yet so great was the afflux of members after the time when it was necessary for the council of the Society to determine how many copies should be printed—the number of members being then eighteen hundred—that the whole edition was soon exhausted, and for some time the council have been unable to supply the numerous applicants for the second year's books. They may, however, be reprinted, although this is uncertain.

Constituted as the officers and council of the Sydenham Society are, of many of the most distinguished members of the profession in Great Britain, whose sole object in this undertaking is the benefit of that profession, and on whom great reliance may be placed that the good work will be faithfully and ably executed, I have been emboldened to lay before the Convention its claims to their attention, and to place before them for their inspection, a copy of each of the works issued for the year 1846–7, (one other, "the Works of Harvey," being in course of distribution, but not having as yet reached this country,)—and likewise a few copies of the *Report of the Fourth General Meeting of the Society*, held on the first of May, 1846, which contains further information in regard to the proceedings of the Society, its laws, &c.

I have the honour to be, with the greatest respect,
Your obedient humble servant,
Robley Dunglison, *Hon. Local Secretary.*

N. B.—The other honorary local Secretaries of the Society, in this country, are Dr. T. R. Beck, of Albany, and Dr. C. A. Lee, of New York, delegates to the Convention.

Dr. Stevens, of New York, moved that the report of the Committee on the Nomenclature of Diseases, which was next in order, be referred to the American Medical Association, which was carried.

The Report of the Committee on the Separation of Teaching and Licensing, was then called up.

Dr. Reese, of New York, offered the following—

Resolved, That the report of the majority of the committee on the subject of separating the teaching from the licensing power in Medical Colleges, be adopted by this Convention, and published in its transactions.

Resolved, That the report of the minority be laid upon the table, and printed in like manner.

Dr. Leonard, of Maryland, offered the following, as a substitute for the foregoing, which was accepted by Dr. Reese.

Resolved, That in view of the necessity hereby declared for reform in the manner of conferring degrees, the two reports submitted by the committee on the separation of teaching and licensing, be published and referred to the committee on medical education, with instructions

to report at the next annual meeting of the American Medical Association, which was adopted.

The Convention then adjourned to 5 o'clock, P. M.

Evening Session.

At 5, P. M., the Convention met pursuant to adjournment.

Dr. J. V. C. Smith, of Boston, introduced the following Resolution, which was read and adopted.

Resolved, That the thanks of this Convention are due to the officers and directors of the various institutions, who have politely invited the members to visit them at their own convenience,—to the Committee of Reception and Arrangements, on behalf of the Philadelphia Delegation, for the spacious and elegant accommodations provided,—to the Academy of Natural Sciences, for the use of its Hall,—and to the whole medical profession of the city, for the marked kindness, personal attention, and generous hospitality, which have characterized their intercourse with this body since the commencement of its deliberations.

On motion of Dr. L. A. Smith, of New Jersey, it was—

Resolved, That those members of the Convention who left the city before the assessment of three dollars to defray expenses was made, be requested to forward that amount to Dr. J. Rodman Paul, of Philadelphia, by letter, or otherwise, as may be convenient.

Dr. Reese, of New York, introduced the following Resolution,—

Resolved, That a Committee be appointed to draft a memorial to the Congress of the United States, asking that a portion of the Smithsonian funds may be annually appropriated to the uses of the American Medical Association;—which was seconded by Dr. Meigs, of Philadelphia, but laid upon the table.

A like disposition was made of the following, offered by Dr. M. H. Houston:

Resolved, That a Committee of seven be appointed to report to the next annual meeting of the American Medical Association, such modifications of, and amendments to, the adopted plan of organization, as in their estimation may be imperiously required, in order to accomplish the objects of its original organization.

On motion of Dr. Thomson, of Delaware, it was ordered "that the names of the delegates, when published, should be arranged by States."

The following Preamble and Resolutions, introduced by Dr. Henry Carpenter, of Lancaster, were laid upon the table:

Whereas, The difficulties which sometimes unfortunately arise between physicians in their attendance upon the sick, are frequently owing to improper procedure, or representations on the part of the patients or friends, from an ignorance of the etiquette which should govern the conduct of the respective parties towards each other; therefore,

Resolved, That the President of this Convention appoint a Committee of three, to select such parts of the code of Ethics, adopted by

this body, as they may deem expedient, and report the same to the Convention for approval at its Session to-morrow morning.

2d, That the Committee of Publication have a sufficient number of copies of the same printed, and deliver, or send, to each delegate a suitable number.

3d, That delegates request the editors of the public journals, in their respective localities, to publish the same as proper and useful information for the people.

Dr. Garvin, of Georgia, introduced the following Resolution, which was adopted.

Resolved, That the thanks of the Convention be presented to their President, Dr. Knight; to the Vice Presidents, Drs. Stevens, Wood, Buchanan, and Harrison; and to the Secretaries, Drs. Arnold, Stillé, and Stewart, for the very efficient manner in which they have discharged the various duties imposed upon them.

Dr. A. Flint, of New York, presented the following Resolution, which was passed:—

Resolved, That it be recommended by this Convention to the medical profession of the States, wherein laws sanctioning and providing for the prosecution of dissections do not already exist, to unite in endeavouring to procure the passage of such laws.

Dr. Thomson, of Delaware, offered a Resolution relative to the organization of the "American Medical Association," but accepted as a substitute the following, presented by Dr. F. C. Stewart, of New York.

Resolved, That all unfinished business be referred to the "American Medical Association" about to be organized.

Resolved, That this Convention do now resolve itself into the "American Medical Association," and that the officers of the Convention continue to act as officers of the Association until others be appointed; which was unanimously adopted.

On motion, the President was requested to appoint a Committee, consisting of one person from each State represented in the Convention, to nominate officers of the Association for the ensuing year.

The following gentlemen were accordingly appointed:

Drs. H. F. Askew,	*Del.*	Drs. Corbin,	*Va.*
" Twitchell,	*N. H.*	" Moultrie,	*S. C.*
" Hall,	*Vt.*	" Garvin,	*Ga.*
" Adams,	*Mass.*	" Keirn,	*Miss.*
" Dunn,	*R. I.*	" Buchanan,	*Tenn.*
" N. B. Ives,	*Conn.*	" Harrison,	*La.*
" J. R. Manley,	*N. Y.*	" Litton,	*Mo.*
" L. A. Smith,	*N. J.*	" Frye,	*Ill.*
" R. La Roche,	*Pa.*	" Shipman,	*Ind.*
" Dunbar,	*Md.*	" Judkins,	*O.*
" J. Riley,	*D. C.*	" Annan,	*Ky.*

On motion of Dr. Bishop, of Connecticut, it was

Resolved, That the Delegates of every Society or Association, represented in this body, be requested to send to the Secretaries the

form of organization, or act of incorporation, and constitution of their Society or Association with a list of its members.

Dr. Griscom, of New York, moved that the Report on the nomenclature of diseases, be referred to the Committee on Registration, appointed at the morning session. It being objected that this committee was created by the Convention, the Association, on motion of Dr. F. C. Stewart confirmed the appointment of the Committee, and the Report was referred accordingly.

Dr. Humes, of Pennsylvania, offered a resolution, directing the Committee on Registration to report on the subject of premature interments, which was laid upon the table.

The Committee appointed to nominate Officers for the American Medical Association reported the following nominations.

President,—Dr. NATHANIEL CHAPMAN, of Pennsylvania.

Vice Presidents.—Drs. Jonathan Knight, Conn.; Alexander H. Stevens, N. Y.; James Moultrie, S. C.; A. H. Buchanan, Tenn.

Secretaries,—Drs. Alfred Stillé, Philadelphia; J. R. W. Dunbar, Baltimore.

Treasurer,—Dr. Isaac Hays, Philadelphia.

It was determined, on motion of Dr. J. L. Atlee, of Pennsylvania, that the vote of the Convention for Officers be taken *viva voce*.

Dr. A. H. Stevens, of New York, moved a reconsideration of this motion, which was carried, and on motion of Dr. Askew, of Delaware, the vote was ordered to be taken by ballot. Drs. Blatchfotd, of New York, and Haxall, of Virginia, were appointed tellers, and declared that the nominees of the Committee were unanimously elected Officers of the Association for the ensuing year.

On motion of Dr. Thomson, of Delaware, a committee of five was ordered to wait upon the President elect, and invite him to take the Chair. For this purpose the President appointed Drs. Twitchell, of N. H.; E. Ives, of Conn.; Corbin, of Va.; Jervey, of S. C.; and Annan, of Ky.

Dr. J. V. C. Smith, of Mass., moved to take up his resolution in regard to the next place of meeting of the Association, and the invitation of the Delegates from Baltimore having been called for and read, it was, on motion, resolved, that their invitation be accepted.

Dr. Watson, of New York, moved for a committee of seven, to nominate members of the Standing Committees named in the plan of organization, but the motion was so amended as to empower the President and Vice Presidents, to appoint these Committees in time for the publication of the proceedings, and the motion, thus amended, was passed.

On motion of Dr. N. S. Davis, of N. Y., his resolution relative to a committee, to report on the indigenous Botany of the several states was taken from the table and adopted.

Dr. Chapman, the President elect, was then introduced, and on taking the chair, made the following remarks:

He said he could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life

to have been complimented in the same manner, though not in the same degree. This was the most precious of all the honours he had received, as spontaneously conferred by his own brethren. He confessed his incompetency to serve the Association as he could desire. He said he loved his profession, and should be ungrateful if he did not: whatever he possessed in this life, had been bestowed by its favours; when he forgot it, or deserted it and its disciples, he remarked with great emphasis, may Almighty God forget and desert me. He desired that the Association should be persuaded of his ardent wishes for the cause, and that his most strenuous efforts would be unceasingly directed to advance the dignity of the profession, and extend its usefulness.

The following was offered by Dr. John B. Johnson, of Missouri:

Whereas, numberless and important evils result from the almost universal practice of allowing persons wholly ignorant of drugs and medicines to engage as apothecaries; and still greater from the universal traffic in patent and secret medicines,

Therefore, resolved, that the Committee on Education inquire into the expediency of establishing a school or schools of Pharmacy in the respective States, for the special purpose of preparing persons for the business of apothecaries; and also the expediency of adopting a rule that no physician ought to patronize a druggist or apothecary who deals in patent and secret medicines—and report at the next annual meeting of the Association. Adopted.

The following was offered by Dr. F. Campbell Stewart, of New York:

Resolved, That the Committee on Publication be directed to have published not less than two thousand copies of the proceedings of the late Convention, with the Reports, and of this Association up to the period of its adjournment; and distribute the same to the members of the Association. Passed.

After which, on motion, the Association adjourned to meet in Baltimore on the *first Tuesday* of May, 1848.

At a meeting of the President and Vice Presidents of the "American Medical Association," held on May 8th, 1847, the following Standing Committees were appointed in pursuance of the order of the Association:

Committee on Arrangements.

Dr. G. C. M. Roberts, Balt., Chairman.

Dr. A. C. Robinson, Balt.	Dr. Wm. Power, Balt.
" J. H. Briscoe, "	" W. T. Leonard, "
" J. R. W. Dunbar, "	" C. Bell Gibson, "

Committee on Medical Sciences.

Dr. S. Henry Dickson, S. C., Chairman.

Dr. J. P. Jervey, S. C.	Dr. Wm. T. Wragg, S. C.
" Robert Bridges, Philada.	" Wm. Power, Balt.
" J. W. Francis, N. Y.	" T. Romeyn Beck, N. Y.

Committee on Practical Medicine.

Dr. Joseph M. Smith, N. Y., Chairman.

Dr. René La Roche, Phila. Dr. J. B. Beck, N. Y.
" John Harrison, La. " Isaac Wood, "
" H. M. Bullitt, Mo. " G. S. Camman, "

Committee on Surgery.

Dr. George W. Norris, Philada., Chairman.

Dr. Isaac Parrish, Philada. Dr. Jacob Randolph, Phila.
" John Watson, N. Y. " H. H. M'Guire, Petersburg, Va.
" A. L. Peirson, Salem, Mass. " C. Bell Gibson, Balt.

Committee on Obstetrics.

Dr. Harvey Lindsley, D. C., Chairman.

Dr. G. C. M. Roberts, Balt. Dr. W. Channing, Boston.
" J. Riley, D. C. " C. R. Gilman, N. Y.
" R. W. Haxall, Richmond, Va. " S. Annan, Lexington, Ky.

Committee on Medical Literature.

Dr. Oliver Wendell Holmes, Chairman.

Dr. E. Hale, Boston. Dr. John Bell, Philada.
" G. C. Shattuck, Jr., " " Austin Flint, Buffalo.
" D. Drake, Lexington, Ky. " W. Selden, Norfolk, Va.

Committee on Medical Education.

Dr. Alex. H. Stevens, Chairman.

Dr. Amos Twitchell, Keene, N. H. Dr. R. D. Arnold, Savannah.
" B. R. Wellford, Fredericksburg, Va, " F. Campbell Stewart, N. Y.
" L. P. Bush, Wilmington, Del.
" Arnold Naudain, Phila.

Committee on Publication.

Dr. Isaac Hays, Philada. Chairman.

Dr. Alfred Stillé, Phila. Dr. J. R. W. Dunbar, Balt.
" J. V. C. Smith, Boston. " Gouverneur Emerson, Phila
" J. P. Garvin, Augusta, Ga. " Caspar Morris, "

Committee on Indigenous Botany, under the Resolution of Dr. N. S. Davis.

Dr. N. S. Davis, Binghamton, N. Y., Chairman.

Dr. S. W. Williams, Mass. Dr. A. C. Robinson, Md.
" Eli Ives, Conn. " Frederick Marx, Va.
" Engleman, Mo. " J. P. Porcher, S. C.
" W. A. Cheetham, Tenn. " J. Le Conte, Ga.
" Jos. Carson, Pa. " Cartwright, Miss.
" Charles Short, Ky. " Carpenter, La.
" E. E. Phelps, Vt. " Ohio.
" A. Twitchell, N. H. " G. Norwood, Ind.
" T. C. Dunn, R. I. " Ill.
" Lyndon H. Smith, N. J. " Mich.
" James Couper, Del. " D. C.

***History of Typhoid Fever, as it prevailed near Geneva, N. Y., in the Fall and Winter of* 1846-47.** By Geo. C. Hay, M. D., of Geneva.—According to your request, I proceed to give you a brief account of the Typhoid fever, which recently prevailed in this region of country, and especially on the opposite shore of the Seneca lake. In that neighbourhood, fevers of a remitting type had prevailed quite extensively during the latter part of the last summer, and during nearly all the fall months, but not a single case, as I can ascertain, died of it at that time. In December, the first cases of the low form of fever showed themselves. All the cases which have occurred seem to be confined to a neighbourhood of from one to two miles square; and beyond the limits of this, as far as I can learn, no cases have appeared. The symptoms in the forming stage differ but little from an attack of ordinary fever, commencing with loss of appetite, sense of lassitude and disinclination to exercise of any kind, chilliness, pains in bones, etc. After twenty-four or forty-eight hours, headache came on invariably in all the cases, and in many it was the first symptom, and continued very obstinate through the whole course of the disease. About the third day the patients were generally obliged to take to their beds, the headache increasing, attended with vertigo, dimness of vision, ringing in the ears, suffusion of the conjunctiva and deafness. The tongue was at first covered with a thick white fur which changed by the fourth or fifth day into a brown, and finally into a black during the latter stages of the disease. In a great majority of the cases diarrhœa was a prominent symptom from the commencement, so much so that even the use of the mildest febrifuge medicine was inadmissible; this was controlled with great difficulty by opiates, and in some cases astringents had to be resorted to. Accompanying this diarrhœa, we found considerable tenderness of the abdomen in nearly all the cases. The discharges from the bowels were generally very watery, of a dark colour, very fetid, the urine scanty, sometimes entirely suppressed, and of a very red color. The skin was generally quite dry, although not very hot at any time, and in no case could I discover any of the "calor mordax" spoken of by writers, and which I have frequently felt in similar cases. As the disease progressed, in many cases delirium was a constant attendant through the whole course of the fever, and none were entirely free from it. In many cases the collapse came on very suddenly, and in others a gradual sinking came on, and steadily progressed until the patients died. The collapse seemed to bear no relation whatever to the severity of the first stage, as is generally the case, as sometimes in those who had been attacked but slightly the collapse was sudden and fatal, while in those whose stage of excitement had been very severe the collapse came on very gradually, and progressed slowly, and *vice versa*. As to the post-mortem appearance I can give you but little information, as owing to the prejudice existing among the people it was next to impossible to procure an examination. After I had left, however, one examination was made of a boy aged fourteen, who died very suddenly, and I understood from

a physician who was present, that his bowels were a complete mass of mortification. As to the treatment, it was very various. All the patients, however, had in the commencement mercury, in some of its forms, and in two cases which have since recovered, it was carried to the extent of slight salivation. Some cases were bled generally, and some not, but it seemed to make but little difference in the continuance or violence of the disease. The local treatment consisted in cold applications, leeches, and blisters to the head and nape of the neck ; cups and blisters to the chest, when the symptoms seemed to demand ; hot fomentations, poultices, leeches, and blisters to the abdomen, etc. In some cases we ordered the patients to be washed over the whole body with a solution of nitro-muriatic acid made as strong as they could bear it ; this was done twice in twenty-four hours, and seemed at least to give considerable temporary relief to the patients. The general treatment was at first calomel, hyd. cum. cretâ, or pil. hyd., followed by the liquor ammoniæ acetatis, or spiritus ætheris nitrici, with the potassæ nitras or vinum ipecacuanhæ or antimonii ; but in some cases, and indeed in many, their use was impossible, on account of the tendency to diarrhœa, as everything taken into the stomach ran off by the bowels in a short time. In all the cases stimulants and tonics had to be resorted to sooner or later, but generally with little benefit, although at first the patients seemed to rally under their influence, yet they seemed to have no permanent effect in many cases. Those used were the infusum serpentariæ, or columbæ, camphor, ammonia, etc., together with sulphate of quinine, port wine and brandy, with a nourishing diet of beef-tea, chicken-jelly, arrowroot, etc. I forgot to mention that the pulse was in most cases very frequent, from the commencement, ranging from 100 to 130 and 140 during the whole time. In some cases the pulse was quite full and hard in the commencement, but generally it was quite small and very easily compressed. I may say in conclusion that it seemed to matter little what course of treatment was pursued, the patients in a large majority of cases died, some during the first week, others running on four, six, eight, and ten weeks. In one family, five persons died, all between the ages of fourteen and thirty ; indeed nearly all the cases have been young persons.—*New York Jour. of Med.*

Prizes offered by the Lexington Medical Society—Prize for the best Thesis.—The Lexington Medical Society resolved to offer a prize of fifty dollars, or a gold medal or piece of plate of that value, at the option of the successful competitor, for the best Thesis submitted for the Degree of Doctor of Medicine, in the Medical Department of Transylvania University, for the session of 1847–48. Those competing for this prize are at liberty to select the subject of the Thesis.

Annual prize.—The Society also resolved to offer an *annual* prize of fifty dollars, or a gold medal or piece of plate of that value, for the best original essay, on a subject to be selected by a committee. In accordance with the above resolutions, the committee propose, for

1847, a prize *for the best account of Continued Fever*, as it prevails in any of the States out of New England.

Remarks.—The Continued Fever of the Eastern States has been very carefully studied and very fully described. It is found to correspond exactly to the *typhoid fever* of France; and it is by that name that the disease is now generally called. The same disease is known to prevail extensively in some of the Middle, Western, and South-Western States; but throughout these regions it has not yet been very fully or thoroughly studied. This prize is offered as one means of remedying this defect.

Other things being equal, the prize will be awarded to that essay which contains an authentic and complete account and analysis of the largest number of cases of the disease; its leading phenomena during life, with the lesions in fatal cases; its average and extreme duration; the sex and age, and race, of its subjects; the season of its prevalence; and the prominent points of difference between it and periodical fever. It is very desirable that a careful examination should be made of the mucous membrane of the lower portion of the small intestines. Speculations about the remote and proximate causes of the disease will not add anything to the value of the essays that may be offered. The description of the disease must be sufficiently full and minute, to enable the committee to judge of the accurary of the diagnosis.

The committee also propose, for 1848, a prize *for the best account of the several forms of Periodical or Malarious Fever in the United States.*

Remarks.—This subject has already attracted so large a share of attention amongst physicians of the South and West, that some of them may be surprised at its being thus brought forward. But, extensively as malarious fever has been written about, there are many points of its natural history which need farther elucidation. Amongst these may be mentioned, particularly, the following:—the comparative liability of the sexes, of the black and white races, and of different periods of life, to the several forms of the disease; the influence of race upon its severity and danger; the relative proportions in different years and localities, of the three principal forms—intermittent, remittent and congestive; the most common type of the pure intermittent form; and the variations in the general character of the disease, in different seasons.

The essays must be sent, post-paid, to the Corresponding Secretary, Professor J. M. Bush, on or before the first day of January, 1848, for the first, and 1849 for second prize.

Each essay must be accompanied with a sealed address of the author. That of the successful competitor only will be opened. The essays will be considered as the property of the Society, to be deposited in their archives, or published in their transactions, as they may deem best.

The committee may suggest, that a convenient opportunity for forwarding essays from a distance, will be presented by the annual assembling of the pupils of Transylvania University, in the fall.—*Ibid.*

Faculty of Medicine of Paris—Lectures on General Pathology, by Professor Andral.—The seat of the morbid element by which disease is constituted may be sought for in three different parts of the system: 1, in the alterations of nervous influence; 2, in the changes of the blood; 3, in the changes which have supervened in those substances which emanate from the blood. In these three great groups many subdivisions should be introduced; and all diseases may either naturally, or with a little allowable hypothesis, be referred to one or the other order. Practically, however, we do not consider this classification applicable, and we prefer the following:—

We recognize fourteen great classes of diseases, viz.: 1, pyrexia; 2, hyperemia; 3, phlegmasia; 4, anemia, or hyperemia; 5, hemorrhage; 6, fluxes; 7, dropsy; 8, pneumatosis; 9, alterations of nutrition, or trophopathies; 10, gangrene; 11, traumatic diseases: 12, hemopathies; 13, alterations of secreted fluids, or crinopathies; 14, neuropathies.

A few words on each.

1. *Pyrexia.*—In this class the increase of temperature of the body is the only constant symptom; and pyrexiæ are also characterized by the factth at it is impossible to trace them to any alteration of solid texture. When such alteration appears during the progress of fever, they are caused by the same morbid influence which first occasioned the febrile excitement. They are specially observed on the skin and mucous membranes, and consist of congestion, inflammation, or hemorrhage—either interstitial in the shape of patechiæ and ecchymosis, or discharged from the affected surface; fluxes, as in cholera, miliaris, &c., are also observed. In each pyrexia the local alterations not only may have a special form, but seem to affect a special seat; the cellular tissue sometimes; the limphatic glands in syphilis; in other diseases the salivary glands; gangrenous inflammation of the cellular tissue and skin in the plague. The blood may be altered in its composition in pyrexia, and this alteration is always the same, consisting in a diminution of its natural amount of fibrine. In many pyrexiæ a virus or poison exists in the system.

Pyrexiæ are continuous or intermittent, hence a natural division into two orders: in the first we must form numerous genera, and amongst these we may name synocha, inflammatory fever, typhoid ever, miliaris, typhus castrensis, yellow fever, the plague, variola, rubeola, scarlatina, cholera, acute farcy, and carbuncular fever. These various maladies are connected with each other by their essential characters, and some arise spontaneously; others are developed by contagion or infection; and several are special to particular latitudes.

The second order is constituted by intermittent pyrexiæ, in some of which no other morbid phenomenon, beside the febrile excitement, can be detected: in others the febrile paroxysms are attended with various accidents, much the same as those which may be observed during the progress of continuous fever: fluxes, for instance, or losses of heat (which have not, however, been thermometrically proved,) but

which have been known to cause death, as in the algid fever; hence a subdivision of intermittent fevers into benignant and pernicious. Cullen perfectly understood the connections between the two orders of pyrexiæ, so much so that as a type, in his description of fever, that illustrious author takes the paroxysm of ague. In the various parts of the globe, according to the intensity of the producing cause, of the different degrees of atmospheric heat, of the presence of marshes in mild or hot climates, we can observe the gradual transformation of intermittent into continuous fever, and reciprocally. They are different types of the same disease: but, like intermittent or continuous neuralgiæ, they are still the same malady.

Elevation of temperature is the only constant phenomenon which observation proves to exist in fever. Entering the field of hypothesis, may we not suppose this increase of heat to be the result of a more active combustion produced in the system by a temporary arrest of the nutritive movement? The removal from the system of a large quantity of nitrogen with the urine during fever, the production of an increased amount of water, carbonic acid, and bile in the same condition, for the separation of superabundant carbon and hydrogen, would seem to confirm our supposition. This arrest of the nutritive movement can occasionally be referred to the inference of a deleterious agent, external or internal, by which the vital properties are more or less interfered with, and the activity of nutrition slackened; or it may be attributed to an inflammation which calls to a limited part of the body an accumulation of blood, producing new secretions, a new mode of nutrition, a new and morbid elaboration of the elements of the blood; under the influence of a similar process, it is not impossible to admit that the general nutritive movement may be suspended, or at least rendered less active. All this is doubtless hypothetical; but a time comes when the mind, wearied with the dryness of the mere observation of facts, cannot resist the impulses of imagination; and such speculations, far from weakening its powers, serve, on the contrary, to enlarge its scope and to renovate its vigour.

2. *Hyperemia* is constituted by the accumulation of the blood in a part, due to the arrest or the diminution of the speed of its circulation; hyperemia is always attended with redness, sometimes with tumefaction; the serum of the blood, containing some albumen, but never any fibrine, may be extravasated during congestion. According to the nature of its causes, we divide this class into three orders: hyperemia due to increased excitability; hyperemia due to diminution of the powers of circulation; and hyperemia referrible to mechanical causes, impeding the return of venous blood to the heart.

3. *Phlegmasia.*—When congestion has been gradually transformed into phlegmasia, as the disease no longer remains limited to its solid seat; the blood is modified in its composition, and one of its constituent elements, fibrine, is increased in quantity. This latter circumstance is invariably connected with phlegmasiæ, when they are accompanied with febrile excitement; and yet fever alone will not produce it. We have never met with increase of fibrine in pyrexiæ. In

most cases it is the first order of hyperemia which passes into inflammation, but the two others may also terminate in a similar manner.

4. ***Anemia, or Hypohemia.***—This class refers only to local anemia, a disease observed only in a small number of organs—the brain and gastric mucous membrane, for instance.

5. ***Hemorrhage.***—Of this class we will say nothing, having on a former occasion treated the subject *in extenso*. Hemorrhages may, like congestions, be divided according to their cause.

6. ***Fluxes*** are in most cases the result of appreciable organic alterations; in others, on the contrary, the discharge is the only pathological fact which can be detected. They are characterized by the similarity of the fluid secreted with that of the fluid eliminated during health by the same organ. Fluxes have, according to their seat, been divided into three orders:—1, fluxes of the skin. 2, of the mucous membranes; in this order some authors place cholera, and not without some good reasons; we prefer, however, classing that disease with pyrexiæ. 3, fluxes of glandular organs, primary or consecutive to congestion or phlegmasia.

7. ***Dropsies.***—We mentioned on another occasion that all dropsies might be referred to one of two causes: an obstacle to the circulation of the blood, or a change of its composition. Dropsy in no case can, therefore, be considered as a primary fact—as anything but a symptom; but it is a symptom of such magnitude—it is a secondary fact of such immense practical importance—that we consider ourselves fully justified in forming for it a special class.

8. ***Pneumatosis.***—In this class are placed all the gaseous accumulations within the cavities of our organs. We have reason to suppose that gases may even exist in the blood, and, whatever be their origin, they occasion symptoms and diseases which must have a place in all classifications.

We now come to the consideration of other diseases, in which the alterations of the solids is the primary pathological fact:—

9. ***Trophopathies, or Diseases of Nutrition.***—These may be congenital or acquired; hypertrophy, atrophy, softening and accidental productions (subdivided into homologous, heterologous, parasitical,) and the various genera of acquired trophopathies.

10. ***Gangrene*** is in itself a disease which may be brought on by many causes besides congestion and inflammation. It may be produced by an obstacle to capillary or arterial circulation—by the introduction of miasmata or morbid poisons into the system, as in the plague. It is, therefore, something more than a termination of inflammation, and deserves to be separately studied in a class peculiar to itself.

11. ***Traumatic affections*** form, with the two preceding, the group of diseases in which alteration of the solids is primary.

12. ***Hemopathies or Diseases of the Blood.***—The first order contains the diseases resulting from changes of proportion of the natural elements of the blood, and in this order we find four genera:—The first of which refers to the changes of proportion of the globules,

which may be increased as in plethora, or diminished as in accidental or spontaneous anemia. In the second genus we place the changes of proportion of the fibrine—increased in inflammations attended with fever; diminished, on the contrary, and its diminution being a primary morbid fact, from which the other phenomena of disease may be derived—as in scurvy, or purpura;—or this dimunition being, as in pyrexiæ, not a cause but one of the possible results of the malady. In the third genus of the first order we place changes of proportion of the albumen in the blood; increase of the albumen has not hitherto been ever observed: its diminution is constant in one variety of dropsy. The fourth contains the changes of quantity noticed in the saline elements of the blood—a subject which has hitherto yielded to investigation only results of a negative nature.

The second order of hemopathies refers to diseases resulting from the introduction into the blood of principles not habitually contained in that fluid. This order is subdivided into three genera. The first, that in which the elements of our various secretions are found in the blood—for instance, tetanus; diabetes mellitus will probably, at a future day, be classed here. The second genus, that in which morbid products—like pus—are introduced into the blood. The third, in which it contains toxic principles, which may be modified in its constitution, or not changed in any appreciable manner. Here we must place diseases resulting from the passage into the blood of venous miasmata, virus of various sorts (rabies, syphilis, &c.,) or even mineral poisons, such as mercurial or saturnine emanations.

The third order of hemopathies is consecrated to asphyxia, in which, under the influence of various causes, the blood receives no oxygen, or an insufficient quantity of that gas.

13. *Alterations of secreted fluids* are mostly the result of other maladies; sometimes, however, they can be traced to no organic alteration whatever. Calculous affections of the bladder, kidney, and liver belong to this class, in which we must also place, for the present at least, diabetes mellitus. Albuminuria, when not connected with organic diseases of the kidneys, also should be classed here.

14. Neuropathies are primary disturbances of nervous action. They may be subdivided into the modifications of intellect, of sensibility, of motility, and of that nervous power which presides over the accomplishment of the functions of organic life.

Such, at the present day, is the most complete classification of diseases. This grouping into classes we have already said to be indispensable to the science of diagnosis, and to that of therapeutics.

London Medical Times.

Death from Starvation.—Dr. Leeson said he had been called upon on the previous Monday to make a post-mortem examination in conjunction with Dr. Brady, Professor of Medical Jurisprudence in the College of Physicians, on the bodies of two individuals, a man and woman, who had died suddenly, and, as was reported, from starvation. One of them died on Saturday evening, the other on Sunday

morning. Upon external inspection both bodies presented appearances of extreme emaciation. All the features of the female were remarkably contracted, the eyes sunk, nose pinched, and cheeks drawn in, giving her the appearance of a person upwards of sixty years old. The rest of the body was proportionally emaciated; the spaces between the metacarpal bones were perfectly hollowed out; the abdominal parietes when cut were totally devoid of the fat always met with in other subjects, and all the abdominal contents were perfectly bloodless; every organ was completely anæmic.

On cutting into the stomach, its rugæ were observed to be remarkably developed, and there was not a trace of food in it. The whole track of the intestines, though cut into in several places, had not the slightest trace of fœcal matter—containing only a little fœtid mucus. There was some ulceration of the intestinal glands at the lower extremity of the ileum. When the chest was opened, both lungs were emphysematous and perfectly anæmic. The left ventricle of the heart contained half an ounce of remarkably thin fluid blood.

The body of the male presented similar appearances, but the external emaciation was even much greater. The stomach contained a very small quantity of fluid, with a few grains of meal, but no trace of fœculent matter was observed until near the termination of the intestine, and even here its amount did not exceed a teaspoonful. The lungs were in a similarly emphysematous and anæmic condition, and the heart contained a small quantityof fluid blood. The gall-bladder, as usually observed in cases of death by starvation, was remarkably full, and the liver was lobulated, its eminences, however, being of a healthy kind.

In giving an opinion as to the cause of death here, Dr. Leeson remarked that from hearing the facts of the case—that up to the last period of their existence these poor creatures had *something* to live on, it could hardly be distinctly stated that they died of starvation: nor indeed do we find death from absolute starvation to be by any means a common occurrence, taking as an example, for instance, death by starvation, in consequence of several weeks total deprivation of food, as in cases of shipwrecked mariners, &c. In the present instance, however, it appeared that this poor man and woman, with six children, lived in the county Leitrim, and seeing the destruction of the potato crop, made their way up to town, where the whole family were huddled into a miserable apartment, not more than six feet square, with a damp floor and a roof that admitted the rain, a wad of straw that might now have passed for any other material, being its only furniture. Reviewing all the facts of the case then—their destitution previous to coming to town—their bare subsistence while here, having only a sum of 1s. 3d. a day for the support of six children and themselves—life, in fact, as well remarked by Dr. Brady, gradually ebbing away,—the opinion given was that death had arisen not from actual starvation, but from the state of general destitution in which they had so long existed—in want of lodging, fire, clothing, or proper nourishment.

He might here observe, that it is well known the soup obtained by such poor creatures as the above from the soup shops is entirely insufficient for the support of life without some addition of solid material, and this is more particularly true in reference to Paul's parish, where this man and woman lived, the soup there, from the poverty of the parish, being little more than meal and water, which, in the entire absence of solid food in the stomach, passes through the intestinal tract as it is taken in, or gives rise to diarrhœa. The facts of these cases led him to suggest that a certain quantity of solid food might be allowed once or twice a week to the suffering poor in addition to the distribution of soup, and to hope that some notice of the subject might be taken by the public prints.

After finishing the post-mortem examination of the above cases, they proceeded to an adjoining apartment, the area of which was certainly not more than six feet square, and here lay (if he might use the expression) a mere living skeleton, stretched on a portion of straw, the eyes sunken, and their whites suffused, cheeks hollow, nose pinched—in fact, absolutely famishing, unable to move, and just able to call in a voice that reminded him of the voice in cholera for a little water, stating that her mouth was like the burning fire, and it was perfectly parched. The emaciation was so great that her arms were no thicker than candles, and the legs were swollen. She was unable to say when she had tasted food.

In reply to a question, Dr. Leeson stated that no urine was contained in the bladder in either case. Delerium, he believed, too, is only observed in cases of absolute starvation, not in those of gradual starvation, as here.—*Dub. Med. Press.*

On the Treatment of certain Surgical Affections by Elevation of the Diseased Parts.—M. Gerdy has for some time been in the habit of treating certain inflammatory affections by placing the limb, or part, in such a position as to favour the return of blood to the heart. This plan has this advantage, that it does not exclude the application of the usual means of treatment; but, as is shown by M. Dupuy, it is in many cases in itself sufficient to effect a cure.

The question meets us *in limine.* What are the phenomena which are induced by elevating a part of the body? If the hand, for instance, be allowed to hang down, we observe that it becomes engorged with blood. Place it in the contrary position, and the livid colour disappears, and the vessels empty themselves. It is evident from this experiment that in the first instance the blood accumulates in the most depending part; in the other the reverse occurs, the blood readily finding its way toward the centre of the circulation. What is thus seen to occur in a healthy condition of parts, also happens under certain modifications in disease. M. Dupuy gives the following account of the practical application of the above principles:—

If the thumb or hand be inflamed, the patient is made to lie in such a position that the elbow is maintained in a position higher than the

shoulder. The fore-arm is placed perpendicular, supported by cushions, care being specially taken that the circulation is not impeded by bandages; the hand is then enveloped in bandages, to which tapes are fixed, and attached to the top of the bed. These means, with some simple modifications, are likewise made use of in inflammation of the lower extremities. M. Gerda raises the end of the bed by placing a chair under it, thus raising the foot upon the summit of an inclined plane. Once so placed, and care being taken that no injurious pressure is exerted, the patient must not move from the position even to satisfy natural wants; for he may destroy in a few minutes all the benefits which have been obtained by whole days of repose. Although elevation cannot be so efficaciously applied to the *head* and *trunk* as to the extremities, it yet may be employed to a certain extent. Supposing the *eye* to be inflamed,—the patient will lie with his head high, and on the opposite side to the one affected. Why are inflammatory affections and discharges from the *womb* so tedious in recovery, but for the stagnation of the blood in the organ? Let a woman, who has been accustomed to keep herself in the vertical posture, go to bed, and raise her hips by means of pillows, and she will soon find her case amended. The same principles apply to inflammatory affections of the face, breast, &c.

The advantage of this plan of treatment is not, however, confined to inflammation, but it is equally serviceable in ulcers, uterine hæmorrhages, and varicose veins. In many instances of the latter disease, in M. Gerdy's wards, elevation alone of the limb has been completely successful. The utility of the plan is also incontestable in varicocele. The communication of M. Dupuy terminates with these conclusions:

1st. That elevation of the diseased part is able, without the intervention of other therapeutical measures, to cut short certain inflammations, if it be employed sufficiently early.

2nd. That in phlegmon it relieves pain by diminishing the quantity of blood in the part.

3rd. That it advances the cure of engorgements and chronic profluvia of the uterus.

4th. That certain hæmorrhages may be suspended by it.

5th. That it is able to cure certain ulcers of the lower extremities.

6th. That varices and hæmorrhoids are advantageously modified by elevation.

7th. That where it is not sufficient in itself to effect a cure, it is always a potent auxiliary.—*Provincial Med. and Surg. Journ., from Archives Générales.*

Method for preventing the projection of the Bones in Fracture of the Leg.—The leg is to be placed in the bent position on the outside, with a common side splint placed above and below, slightly hollowed out to fit the leg. In addition to these, two straight splints are used, padded on one side,—one of sufficient length to extend from the patella to the upper part of the lower third of the leg, the other long

enough to reach from the hollow of the knee to beyond the heel. If the straps be now passed round the leg, including the shorter of the two straight splints on the front, and the longer splint on the back of the leg, along with the two bottom splints on the upper and under side, the tibia and fibula above the fracture will be pushed backwards, whilst the foot with the part below the fracture is pressed forwards. In this manner the tendency of the tibia to pass forwards, after simple dislocation or fracture near the ankle, is effectually presented.—*Ibid, from Ormerod's Clinical Observations.*

On Etherization.—In our historical notices of the effects resulting from the use of ether, we have endeavored merely to record the facts as they arise. It would seem, however, that the article in our last number has led to some misapprehension. In alluding to the alleged fatal effects of this substance, we thought we had been sufficiently cautious. It was asked, "is this result, the effect of ether? an answer in the affirmative cannot be decidedly given, but all such cases require to be put on record." We continue to be of the same opinion, and shall put on record all the fatal cases that occur *after* the employment of ether, being satisfied that it is of the utmost consequence to ascertain whether it be innocuous or occasionally dangerous, and in the latter case, what are the contraindications to its employment. A correct judgment can only be formed by further experience and multiplied observations. We deprecate alike the excessive enthusiasm which insists that under no possible circumstances, ether can be, or ever has been prejudicial, and the unreasonable timidity which prevents the employment of a useful agent, because, in a few cases, injurious effects have been apparently occasioned by it.

During the past month Etherization has been extensively practised, but few novelties have been published with respect to it. Its advantages and applications are still debated at the meetings of the Academy of Natural Sciences and the Academy of Medicine in Paris. We observe, however, that the cases noticed in our last number have produced an effect on the warmest advocates of inhalation. Even MM. Velpeau and Roux, though still maintaining its great advantages, now speak of the necessity of caution in its use. This is as it should be.

The third case to which we alluded, as likely to be fatal *after* the use of ether, in the Royal Infirmary has since expired. It was a case of tibio-tarsal amputation, under the care of Mr. Syme. A girl, aged 14, of good general health, was affected with caries of the tarsal bones, and fistulous openings leading from them. The amputation was performed in the usual manner on the 24th of February, without the slightest pain, the ether having produced its full effect. She died April 5. On dissection the blood was found unusually fluid, and secondary purulent deposits existed in the lungs, left kidney, right knee, and left hip joint. Such are the *facts.* As to whether death in this, or the other two Infirmary cases, resulted from the etheriza-

tion, that is a matter of *opinion*. Some say no, others say yes. It is the first fatal case of tarsal amputation which has occurred in Mr. Syme's practice, and it is only right to state that in his opinion it is attributable to the ether. The observation of other cases will sooner or later decide the point.

Applications.—In the case of a young man, aged 23 years, subject for some years to epileptic attacks, which returned every 15 days, M. de Rabodanges caused ether to be inhaled, the evening before the day on which the attack was expected, with the result of preventing it. (*L'Union Medicale*, No. 42.) M. Marc Dupuy has injected large doses of ether into the rectum of two dogs, and found that in this way it will cause perfect loss of sensation. Slight inflammation of the mucous membrane was produced in one case. (*Ibid*, No. 24.) M. Stolz, of Strasburgh, has published a case of turning, in which he met with considerable resistance, in endeavoring to pass his hand into the uterus, notwithstanding the complete insensibility of the patient, by means of ether. He concludes from it that ether in no way facilitates the turning or extraction of the fœtus.—*Monthly Jour. of Med. Sci., from Gaz. Med. de Stras.*

Epidemic of Scurvy in Edinburgh.—A very singular epidemic of scurvy has broken out among the railway labourers in the neighborhood of Edinburgh. On the day we write this, no less than 92 cases of the disease, in all its different stages, may be seen in the Royal Infirmary, special wards having been opened for their reception. In the autumn of last year a similar epidemic occurred among the prisoners of the General Penitentiary at Perth. Both these epidemics have fortunately found an able historian in Professor Christison, who, at the last meeting of the Medico-Chirurgical Society, read an elaborate memoir, abounding in novel views of the etiology and mode of treatment of the disease. We shall have the pleasure of presenting our readers with this valuable contribution to medical science in our next number.—*Ibid.*

Observations on the condition of Asphyxia, or Insensibilty, induced by the inhalation of ether ; and of the indications to be fulfilled in the Treatment of the Effects of its Maladministration. By Charles Searle, M. D., M. R. C. S. E., of Bath.—In the Medical Times of the 19th ult. is a report, made to the Académie de Médecine à Paris, by M. Amussat, of his experiments on animals under the influence of the vapour of ether, in which he said :—" that, during the condition of insensibility induced by the ethereal inhalation, the blood in the arteries was found to be of the venous character, and resumed its florid appearance when the state of unconsciousness had ceased. And that, in animals which had died during the inhalation, the blood was found of the same venous colour in the heart, veins, and arteries." If such are the results of M. Amussat's experiments, they establish,

beyond doubt, the correctness of my views on the subject, published in the Medical Times, under date of Jan. 5, to the effect that the condition of the patient under the influence of the ethereal vapour is that of asphyxia ; and that the sedative or narcotic effects of ether as ordinarily administered is of the same character. Its stimulant operation when so administered, that is, by the stomach, I must, however, first explain, or the views I entertain of its inhalation will not be rightly apprehended. To make this understood, it is necessary for me first to observe that life, the attributes of which are heat and motion, is the result of the chemical action developed in the animal system by the agency of the oxygen of the air inspired in its combination with the hydro-carbonaceous constituents of the food existing in the blood--caloric and electricity, the actuating stimuli of all vital phenomena, being evolved in the process. And as this process of chemical combination and electrical evolution, we may justly infer, takes place more particularly in the capillary or hair-like vessels, wherein the particles of the blood are brought into the closest approximation, and in which the final changes in its composition in relation, at least, to the conversion of arterial into venous blood takes place, hence the excitement of these vessels and motion of the blood in the capillary vessels, or organic life of animals ; capillary action being the first visible motion to be discerned in the egg in the process of incubation, and the last to be discovered in animals when death takes place. These views I submitted to the profession as long back as 1830, when I had the honour of reading to the Westminster Medical Society a paper on the subject, and have since enlarged upon in a work recently published, entitled "The Philosophy of Life, Health, and Disease."

Now, the transitory stimulating effects of ether, when received into the blood from the stomach, is in virtue of its composition, it being a compound of carbon and hydrogen ; its absolute composition is carbon, hydrogen, and oxygen; but the latter, it is presumed, exists in combination with its equivalent of hydrogen in the character of water --that it virtually is, as I say, a hydro-carbon. This, then, we may fairly presume, from its highly inflammable nature, must exist in a looser state of combination, or a condition of greater affinity for oxygen, than that of the fatty or other hydro-carbonaceous constituents of the blood, and would, therefore, when received into the general circulation from the stomach by predilection of affinity, enter immediately into combination with the oxygen of the blood, and a more active combustion, and, by consequence, excitement of the capillaries of the general system, would ensue ; and thus the stimulating qualities of ether, in common with other hydro-carbonaceous alcoholic fluids which operate in like manner. And hence Mr. Spalding, the celebrated submarine operator, found that, when he drank alcoholic beverage, he required a greater amount of air being supplied to him during his operations. But the stimulating qualities of ether are of a very transitory nature, these effects being soon followed by its opposite condition of narcotism ; but before I proceed with these, its

effects, as ordinarily administered, I must explain that of the insensibility induced by its inhalation.

The offices of respiration, are, the exhalation of carbonic acid gas, and the reception into the blood of its equivalent of oxygen. Now, in the ethereal inhalation, as the air of the lungs presented to the blood for absorption is not only diluted with this vapour, but in admixture also with this hydro-carbonaceous compound, the latter, when imbibed from the air-cells in admixture with the air, from its greater affinity for oxygen than the constituents of the blood, immediately seizes upon the oxygen, and, combining therewith, thus de-oxidates the blood in the lungs, whereby the blood, thence returned to the heart for general circulation, is deprived of its vitalizing qualifications; and hence defective capillary excitement of the heart and brain, and ofall the functions, and thus the condition of insensibility and asphyxia induced: limited, of course, by the extent and period of the inhalation; but involving, necessarily, caution that it is not carried to too great an extent, considering that it virtually consists in a species of burking.

We may now comprehend the narcotic and sedative influence of ether which so soon succeeds to its use when received into the blood from the stomach. It having, as I have already explained, by its union with the oxygen of the blood in the general circulation, produced a certain amount of excitement, other portions of the ether existing in the blood, in their circulation through the lungs, enter into combination with the oxygen of the air imbibed, and here de-oxidating the blood at the expense of the general system, produce effects, though less in degree, yet analogous in kind, to its inhalation—narcotism; and thus its sedative influence and reducing power. And thus are all the operations of ether, I am of opinion, very satisfactorily accounted for, and established as such, I think I may venture to say, by the expreriments adduced of M. Amussat.

Reverting to a former observation, I may be permitted to add, that precisely in character with the operation of ether, in producing both excitement and asphyxia, are the effects of alcohol, though modified in description by the difference that exists between them: alcohol being soluble in water, and mixable with the blood; and ether not so, but much more volatile and combustible. Alcohol is accordingly much more permanently stimulant in its effects, and only asphyxiating when received into the system in a concentrated form, or where the quantity in a more diluted state has been so considerable that the blood in its passage through the lungs has become incapacitated for transmitting oxygen for the purposes of the general system; that is to say, the amount of alcohol present in the vital stream de-oxidates the blood in the lungs before it is returned to the heart for general circulation; and hence the more enduring condition of insensibility which succeeds intoxication, the whole vital stream abounding with its polluting influence.

If the explanation afforded be considered the true one, the circumstances prohibiting it use are obviously those of feeble power, as well

as apoplectic predisposition, as the effect of all narcotics and reducing agents on the system is to produce venous congestion; and, from reasons afforded in my work "On the Philosophy of Life," but too lengthy in description to be here adduced, and more especially manifested in the liver and brain; hence there was found, on examination, in the case of death recorded from ethereal inhalation, congestive fulness of the blood-vessels of the brain; and, moreover, that bleeding was found useful in the recovery of dogs which had been rendered apparently dead by its use, as so stated in France. But the most obvious and direct indication to be fulfilled, in the case of its maladministration, is the re-excitement of capillary action by the inhalation of oxygen gas; subsidiary to this, or when this is not immediately available, judicious blood-letting is the next object, followed by the excitement of the skin, and respiratory function of the lungs, by the sudden splash of cold water, followed by galvanism and artificial respiration in extreme cases. And, as an internal stimulant, ammonia, alcoholic fluids, or agents of the like character, being interdicted, nitric acid might prove more useful in these cases than ammonia. In India I once drank an entire drachm in a tumbler of water, and with, I thought soon after, decided exhilarating effects. In addition to these means, warm salt-water clysters are clearly indicated; and, although the last to be noticed, I am not sure that it is the least in importance, an emetic may prove a useful ancillary.—*London. Med. Times.*

Excision of a Fatty Tumour without Pain. By Dr. JOHNSTONE, of Madras.—Our knowledge of Dr. Johnstone, as well as the inherent correctness of the report, induces us to publish the following case:

Mrs. ——, European, of a well regulated mind, a well formed figure, and a system remarkably free from any kind of nervousness. Has been six years and a half in India. General health good. Before leaving England, she observed a tumour about the size of a field bean over the posterior aspect of the right shoulder. It continued to enlarge gradually but slowly, and at the end of five years had attained the size of a small egg. For the last two years it has increased much more rapidly, and now constitutes a tumour of an adipose nature, lobulated, mobile and kidney-shaped. It measures about six inches in length, four inches in breadth, and two and a half inches in thickness at its thickest part, and stretches from the spinous process of the seventh cervical vertebra, downwards and outwards towards the acromion and outer third of the spine of the scapula, along the upper border of the trapezius muscle. A sensation of weight and slight numbness of the right arm are the chief inconveniences complained of.

Various kinds of treatment having been useless, the patient determined on having it removed. Dr. Johnstone having carefully examined into the evidence brought forward by Dr. Esdaile of Calcutta, in support of the fact of his having performed upwards of one hundred painful surgical operations within the last two years upon natives, under the influence of alleged mesmeric agency; having also read

the favourable report of the committee appointed by the honourable the deputy governor of Bengal, to observe and report upon such operations, he advised his patient to try the effect of mesmerism previous to the operation. She consented, and he succeeded on seven following days in putting her into a cataleptic sleep, in which she latterly was unconscious of pinching, pricking with a pin or lancet, and of the manipulation of the tumour. On the eighth occasion, January 9th, 1847, the tumour was removed in the usual way, by means of two elliptical incisions, each seven inches and three lines long, and subsequent dissection of the morbid growth. Three arteries required ligature. The edges of the wound were brought together by four stitches, supported by straps of adhesive plaster. Dr. Smith, Mr. S. S. Young, surgeon, and patient's husband, an apothecary, and a nurse were present. Professor Key had promised to attend, but was unavoidably detained in his class room.

The time of the operation, from the commencement of the first incision to the application of the last roll of bandage, amounted to eighteen minutes, during all of which time, not the slightest trace of suffering or sensibility on the part of the patient could be detected. The pulse continued unchanged at eighty, as S. S. Young satisfied himself, and the respiration perfectly tranquil; no moan or sigh escaped her lips—no alteration in the impression of her features was observed—no instinctive motion or wincing detected; once only she moved her head instinctively to free her mouth and nostrils from a little pool of blood which had collected about them, and was interfering with her breathing. She was easily demesmerized, before which care was taken to conceal as much as possible all traces of the operation. When she awoke the following dialogue ensued. "Well, have you been asleep to-day?" "Yes, I think I have." "Do you think you slept more soundly to-day than yesterday?" "I cannot say." "Did you feel me turn you or do any thing to you to-day?" "No, but I feel something smarting, and my face and my eyes feel stiff." She now put her left hand up to her shoulders as she had often done before, and perceived that the tumour had been removed, of which she confessed perfect unconsciousness. The stiffness of the eyelids and face was caused by dried blood. Pulse eighty—respiration natural.

The tumour weighed 3 lbs. 1 dr. two hours after removal. The wound was dressed with cold dressings, and almost entirely healed up by the first intention. She suffered no pain in the wound, continued perfectly free from fever, and was confined to her room only one day. The pulse continued at eighty for two or three days after the operation, when it rose to ninety, apparently its natural standard. She speedily recovered, and now feels better than she did previous to the commencement of the mesmeric sittings.—*Monthly Journ. of Med. Science.*

On a source of fallacy in testing the Urine for Sugar. By G. Owen Rees, M.D., F R. S., Assistant Physician to Guy's Hospital, and Principal Medical Officer to the Pentonville Prison.—The many

sources of fallacy connected with the examination of the urine are not, perhaps, so fully recognized by the profession as they ought to be.

These fallacies, inasmuch as they interfere with a due appreciation of symptoms, tend seriously to affect the correctness of diagnosis in urinary affections; and I therefore think it well to publish from time to time such facts as may come under my notice in relation to the subject.

A short time ago I received a specimen of urine said to contain both albumen and sugar in considerable quantity. The presence of sugar had been determined to the entire satisfaction of the medical attendant, who had demonstrated it to some friends, who had become equally well satisfied on the point. On examination, however, though I found albumen in abundance, I could not detect the slightest indication of sugar, notwithstanding that I used the same specimen of urine from which others had obtained satisfactory evidence.

On relating the result of my examination to my friend, from whose patient the urine had been obtained, I received an exact account of the manner in which sugar had been sought for, and was shewn the effect produced in the specimen by boiling with a solution of caustic potash—the excellent test proposed by Mr. Moore. I now perceived the whole contents of the tube to be of a deep brown colour, and should have been somewhat shaken in the fidelity of my own observation, had I not on a previous occasion applied this same test to the specimen, with a negative result.

I now observed that the liquor potassæ which had given the reaction had been kept in a white glass bottle, and immediately suspected that it might consequently contain lead; and that the dark colour produced, generally known as indicating the presence of sugar, might in this case be owing to the formation of sulphuret of lead; for lead dissolved in the liquor potassæ would unite to the sulphur of the albumen during the boiling, and I had satisfactorily ascertained the presence of albumen in this urine.

The liquor potassæ with which I had obtained a negative result was free from lead. On testing that of my friend, however, with hydro-sulphuret of ammonia, the black sulphuret of lead was thrown down in considerable quantity, shewing the correctness of the foregoing explanation.

It is very important that this source of fallacy should be borne in mind, as Mr. Moore's test is very much used for ascertaining the existence of diabetes mellitus: and liquor potassæ is unfortunately too often kept in white glass bottles, instead of in those of green glass, which contain no lead in their composition on which the alkali can exercise a solvent action. The hydro-sulphuret of ammonia, applied as above described, will at once shew the practitioner whether or not his liquor potassæ be free from lead, in which case it produces no change of colour on being boiled with urine, even when albumen is present in large proportions.—*Lon. Med. Gaz.*

Medical Problems. By William Griffin, M. D., Physician to the County of Limerick Infirmary.

When miscarriage or premature labour takes place at fixed periods, from the influence of acquired habit, may not the periodical movements be prevented by such remedies as prevent the recurrence of an epileptic fit or a paroxysm of ague?

I was called on some years since to attend Mrs. C., a lady who was ill with the usual symptoms of miscarriage at the third month. She informed me, that she had had a miscarriage at the end of the third month of her first pregnancy. She reached nearly to her full time on the second occasion, fell into puerperal convulsions in her labour, and was delivered of a dead child. In her next pregnancy she had a miscarriage at three months; in her fourth at three months; and now in her fifth she was again threatened exactly at the same period. She informed me that everything had been done to prevent it. She had been bled repeatedly, kept for weeks upon low diet, and was confined during the time entirely to the horizontal position. She lived, in fact, between the bed and the sofa. In this new attack some friends recommended her to send for me, with the hope of having some plan of treatment devised by which she might be enabled to go on to her full time. The amount of the hæmorrhage was, however, so considerable, and the uterine pains so general and regular, I told her it was impossible to prevent the miscarriage, but if I was informed of her condition on any future occasion, when six weeks or two months should elapse, I might, perhaps, succeed. Miscarriage, I believe, took place on that night or on the next morning.

In three or four months afterwards I received an intimation from this lady that she was two months pregnant. On considering the probable causes of the previous miscarriages, I could not detect any very obvious one. Her health was excellent, her habits regular, her diet moderate. The extreme regularity with which the miscarriage always occurred at the end of the twelfth week rather confirmed the only conjecture I could form, that it depended wholly on the influence of an acquired habit; and the question necessarily arose, how was this acquired habit to be interrupted or controlled? All the ordinary measures had already been adopted, and the poor lady had been subjected for weeks to the most irksome and tantalizing restrictions, without the slightest advantage. In this difficulty it occurred to me, that as periodical attacks of epilepsy may often be prevented by a long course of any of the metallic tonics, the periodical movements connected with the action of the uterus might be also under their control. I therefore directed my patient to take two and a half grains of oxide of zinc, with two grains of extract of hops, three times a day, and after each pill, two table-spoonsful of a mixture of valerian, aromatic spirits of ammonia, and infusion of snake root. She was also ordered a box of pills, containing a grain of opium in each, one of which she was to take when pain came on, and to repeat the dose every hour until relief was obtained. As she was of a nervous

habit, I thought, if my view of the case was a correct one, that both bloodletting and confinement to the sofa would rather tend to increase than lesson the danger, by weakening the general tone of the system, and rendering her more susceptible of slight impressions. I therefore advised her, instead of lying all day upon the sofa, to keep out in the open air on fine days as much as possible, without, however, fatiguing herself, and to live in the manner she usually found to agree best with her. Under this plan of treatment, she passed the twelfth week without the slightest threatening, to her very great joy and the gratification of her friends. Happening, however, in about a fortnight afterwards, to visit a sister who was very ill, she was so shocked at her appearance that she was immediately seized with the usual symptoms premonitory of miscarriage. She had a discoloured leucorrhœal discharge, which, in a few hours, was followed by uterine pains, being exactly the symptoms which had ushered in all her former attacks. She took the opium pills as I had directed her, and before morning the pains and discharge had all subsided, and in a day or two she was as well as she had been before. She then resumed the zinc and valerian for three or four weeks, after which period I did not consider it necessary to continue them. She went on to her full time without the slightest uneasiness, and was finally delivered of a fine child, which is now well and thriving.

Very soon after this lady had applied to me, and when I had just obtained strong presumptive evidence of the success of the treatment adopted, Mrs. H. consulted me with a view of obtaining advice as to the best means of preventing premature labour, which, she feared, was about to come on. It had already occurred to her four times successively; the infant dying in the middle of the sixth month, and her delivery of a dead child taking place at the end of it. She had now completed the fourth month of her pregnancy. On making some inquiries to ascertain whether she had had at any time a syphilitic affection, I could only glean, that she had suffered with soreness in the vagina for three or four months after her marriage, for which mercurials had been prescribed. This was obviously a very different case from the one already related. In the latter, hæmorrhage and pain came on first, and the child died as a consequence. In the former, the child died in the first instance, and premature labour followed. In Mrs. C.'s case the mere influence of habit, the tendency in the constitution to be influenced periodically, brought on labour. In Mrs. H.'s case the infant died through some unknown cause, and labour came on because of its death. There did not appear, therefore, to be any analogy which could suggest a treatment precisely similar. Taking into consideration the probability of the child's death being occasioned by some syphilitic taint in the habit, I therefore decided on giving calomel and opium in small doses, so as to affect the gums slightly; and subsequently with a view of preventing the accession of labour at the end of the sixth month, from the influence of habit, to adopt the same plan which had been pursued so successfully in the case of Mrs. C. After a fortnight or three weeks

the gums became sore, upon which the calomel was suspended, and pills of oxide of zinc, with the valerian mixture prescribed for Mrs. C., were substituted. Under this treatment, Mrs. H. passed the usual period at which labour came on, and continued in good health to the 7th July, when she was attacked with griping pains and slight flooding. These symptoms subsided by keeping perfectly at rest, and taking a few anodyne pills. On the 17th of the same month, when she had reached within four weeks of her full time, she was seized with threatenings of labour, and on the 19th was delivered of a living child, which died after some hours. This lady resided in the country, at a considerable distance from me, and could not receive that immediate attention and advice, which, if she had been in town, would probably have enabled her to go to her full time.

About the same time these cases were under my care, I was consulted by Mrs. A., who had also been seized with premature labour, in consequence of the infant dying in the seventh month for three successive years. In her last labour she was seized with violent puerperal convulsions, during which she was delivered of an infant, which had evidently been dead for many days.

I had not had the medical management in the earlier labours, and was merely called in a little before the lady's confinement; and in the last I had, therefore, no opportunity of adopting any preventive treatment. When she was again pregnant, however, and approached the seventh month, I adopted the same treatment as I had done in the former cases, partly to counteract, if possible, any tendency to labour arising from acquired habit, and partly that I thought it not impossible the same influence which was capable of controlling a periodical movement in the system comprehending months, might also control causes tending to the death of the child. The lady took the oxide of zinc pills and valerian mixture, three times a day, for some weeks before the period when labour might be expected; and she had opium pills by her, one of which she was directed to take whenever she was seized with uterine pains. These last she had no occasion to take, having gone on remarkably well to her full time, when she fell into natural labour, and was delivered of a living child: it expired, however, almost immediately after. It was obvious here, that the treatment had actually accomplished both the objects I had in view; it had broken up the morbid habit, and it had so interfered with the poisonous influence which had heretofore so invariably, in the seventh month, caused the death of the child, that the latter was born alive. Its death so soon after birth, without any obvious cause, suggested the possibility of some syphilitic taint in the parents, which led to very particular inquiries. The father, it appeared, had not had a syphilitic affection for ten years before his marriage, and never had one since. Acting, however, on the possibility that, even after that long period, some deleterious influence might have been communicated to the mother, and thus evinced itself in the feeble vitality of the offspring, I placed the lady, as soon as she was out of her confinement, under a mild course of calomel (one grain every night,

until her gums became tender,) and again, when she reached the dangerous period, resorted to the zinc and valerian. I had now the happiness of finding all my hopes realized; she went to her full time, and had a fine living infant, which has since been going on well.

In the first of the cases I have given, in which abortion occurred apparently from the acquired habit, the treatment was quite successful. The disposition to premature action in the womb was controlled exactly as the movements to a fit of epilepsy or of ague might have been arrested by some similar means. Quinine, carbonate of iron, or nitrate of silver, might have accomplished the object probably as well as the oxide of zinc and valerian. The latter were preferred chiefly because I believed they would be less likely to injure the fœtus, but also because I had considerable confidence in the influence which both, and especially which large doses of valerian, possess over the nervous movements. In the second case, the lady, who had fallen into labour on four successive occasions at the sixth month, in consequence of the death of the child, carried her child to the eighth month, and it was born alive. This instance, however, can hardly be adduced as evidence of the influence of the zinc and valerian, as it seems probable the death of the child, and consequent premature labour, were owing to some syphilitic taint, which was removed by the mercurial treatment. In the third case,—that of Mrs. A. Z.,—the inference as to the truth of the principle assumed may be considered more satisfactory, as she reached her full time, and had even a living child before the mercurial treatment was adopted.

These cases are so few in number that I offer them to the profession as evidence of the novel application of a principle long recognised in the treatment of epilepsy, ague, and other periodical diseases, with some diffidence. The legitimate manner, however, in which the analogy was inferred, and the remarkable success attending the remedial measures is suggested, were too striking not to make a deep impression on my own mind.

The extreme difficulty, too, which practitioners so often feel in the prevention of abortion and premature labour, as well as the deep interest which married people naturally attach to successful treatment in such cases, invest suggestions supported by even a very limited experience with some importance. The valerianate of zinc, which was not in use at the time these cases were under treatment, would have been a far more desirable preparation, and probably quite as effective. Where it is necessary to continue medicines of this class for a long period, it is a great object to be in possession of such an elegant substitute for so disagreeable a mixture as the valerian.—*Dublin Quart. Journ. of Med. Sci.*

Case of Double Amputation. By M. Brouzet.—M. Brouzet relates the case of a man on whom he practised amputation of both legs below the knee, the one immediately after the other, on account of injuries inflicted by a wheel of a railway carriage. The patient suffer-

ed comparatively little from the double shook of the injury and the amputations, and made a speedy and perfect recovery.—*Revue Medico-Chirurgicale de Paris.*

It has been laid down as a precept by two French surgical writers, M. Velpeau, and M. Vidal de Cassis, that the system being unable to stand the shock of a double amputation, two limbs should never be amputated at the same time, at least in such cases of injury as necessitate amputation above the wrist or ankle joints. It appears to us that there are cases, in which no general rule can be laid down, and in which the surgeon must be guided entirely by his own discretion. The propriety of operative interference must depend on the features of each individual case. Two other cases are mentioned by M. Brouzet, of recovery from simultaneous double amputations. In the Hotel des Invalides at Paris, many veterans may be seen enjoying good health, who have lost more than one limb in action, and many cases might be cited, where recovery has followed this severe mutilation.

We have heard of both limbs being amputated at the same moment, by different surgeons, in cases of this kind, but we are doubtful whether the shock to the system is less than when the two limbs are amputated successively.—*Monthly Journ. of Med. Science.*

Free Trade in Poisons.—A trial for manslaughter by poisoning with Godfrey's cordial took place at Guildford on Saturday last, and it came out on the cross-examination of one of the witnesses, that laudanum and Godfrey's cordial were sold at different shops in the town in common with *grocery*, *cheese*, *candles*, and *drapery!* One of the shopmen, in answer to a question put to him by the counsel for the defence, said very innocently that he did not know whether they kept prussic acid and arsenic, as well as laudanum, among their articles of grocery!

Not long since a superintendent of police went in disguise to a general shop in a country village and asked for two pennyworth of arsenic. It was immediately weighed in the scales in which coffee and other articles were weighed, and handed to him by the old woman who kept the shop. Upon asking her whether she was not in the habit of marking "poison" upon articles of this kind, her answer was: "Lor bless you, I can't write to begin with, and then it would frighten people if poison was written on it." This experiment was made in order to ascertain with what facility enough arsenic might be procured to destroy the lives of almost *one hundred persons*: and it was perfectly successful! It furnishes a clue to the cause of the abundant occupation given to coroners, magistrates, judges, barristers, and others, in detecting and punishing individuals for the perpetration of crimes which the Government takes not the slightest pains to prevent.—*Lond. Med. Gazette.*

Monument in Westminster Abbey to John Hunter.—Meetings have lately been held at the Royal College of Surgeons, attended by most

of the surgeons of the metropolitan hospitals, for the purpose of organizing a committee among themselves, in co-operation with the Council, for the purpose of raising a monument in Westminster Abbey to the memory of John Hunter. The circumstances under which the proposal was made are exceedingly creditable to all parties; it appears that after the delivery of the late Hunterian oration, when the members of the Council, with their distinguished visiters, dined at the Freemasons' Tavern, the Rev. Dr. Buckland, the eminent geologist, in returning thanks for his health, stated that soon after his installation to the deanery of Westminster, whilst walking round the Abbey with Professor Owen, he expressed to that gentleman his regret that the medical profession, of which Hunter was so bright an ornament, had not yet erected any monument to his memory, and suggested the propriety of one being placed in a vacant niche near Dr. Baillie's, generously offering, should his suggestion be adopted, to forego the fees to which he would have been entitled, and to promote the object as far as he could. The wish thus expressed was immediately responded to by the Council, who have invited the susgeons of the metropolitan hospitals to confer with them on the best means for carrying out the object in question.—*Ibid.*

On the Exhalation of Bicarbonate of Ammonia by the Lungs. By Lewis Thompson, M. R. C. S. &c.—Having lately had occasion to ascertain the amount of moisture given off by the lungs of several healthy individuals during a fixed period, I was induced to examine the nature of the fluid thus condensed.

The result has proved that bicarbonate of ammonia, is constantly exhaled from the lungs, to the extent of rather more than three grains every twenty-four hours for each individual; and although this quantity may appear trifling, yet the amount arising from a large population like that of London is well worthy of notice, and must exceed 150 tons of solid bicarbonate of ammonia per annum; and if, as is extremely probable, other animals also exhale this substance, the atmosphere must not only always contain enough of this agent for the purposes of vegetation, but by a reciprocal action, the mutual increase of vegetables and animals would only tend to render the air better adapted for the due development of both. The existence of ammonia in the breath, may be easily demonstrated by respiring air that has been passed through diluted sulphuric acid, and then expiring it through a tube surrounded by water at 32° F., to the further end of which a vessel is attached to receive the fluid which condenses. On acidulating this fluid with or two drops of pure muriatic acid and evaporating to dryness on a water bath, a residue will be obtained, which, when dissolved in fire or six drops of water, and introduced into a test tube, will give off ammonia on the addition of a strong solution of potash, as evidences by its action on turmeric paper and muriatic acid, or by its peculiar smell. The respiratory process should be continued for an hour or two.

It would be interesting to know whether any difference is observable in the amount of ammonia exhaled by the lungs of individuals,

suffering from disease of the kidneys, diabetes, &c.—*Philosophical Magazine and Journal.*

Disease of the ear causing Death.—Dr. W. W. Merriman at a recent meeting of the Westminister Medical Society described a case of this description that had come under his care. A woman of scrofulous diathesis, aged twenty-six, was seized on January 26th with intense ear-ache, which extended over the whole right side of the head, without any alleviation from remedial means. Conciousness lasted complete until about thirty hours before her disease; but the mid-day preceding, she perfectly understood what Dr. Merriman said to her, put out her tongue, &c., and on the following morning she spoke to her friends; but except these occasions, she was more or less insensible; there were no appearances of convulsions or paralysis, but the jaws became fixed, so that she could scarcely open her mouth. She expired on the evening of February 18th.

On examination after death, a large abscess was found occupying the upper part of the right hemisphere, containing about two ounces of pus. This mostly escaped before removing the skull cap, being so close to the temporal bone at that point; here the dura mater was found dark colored, and separated from the bone, the diseased part being surrounded by a deposit of coagulable lymph on both sides of the dura mater. The mastoid cells of the temporal bone were examined by Mr. Toynbee, and found carious; they were full of a dark-colored pus, epithelial cells, &c. Several apertures existed in the lamina of bone forming the roof of these cells, which was extremely thin. The patient had had the measless when a child, suffered from discharge, at times offensive, from the ear ever since; had complained of headaches for the last year or sixteen months, and had during that time been very forgetful, and at times giddy; she had also fallen away very much. Dr. Merriman, taking these symptoms into account, as also the connexion so frequently found between the abscess within the cranium and carious bone of the base of the skull, was of opinion that the original desease of the ear had been communicated to the brain, causing abscess and death; and thence made some remarks upon the necessity of curing, if possible, the disease in the bones, to prevent the access ofthese more frightful disorders.—*Times.*

Intra-Uterine Dropsy.—At a late meeting of Bath and Bristol Branch of the Provincial Medical and Surgical Association, Mr. King narrated a case of dropsy occurring in a fœtus of eight months. The mother had borne six children, but did not menstruate between her first and fifth pregnancies; was "unwell" once when she became pregnant with this child. Between the fifth and sixth months she became anasarcous, and, at the time of parturition, her abdomen and lower extremities were very large, tense, and hard. Some few days after labour her urine was albuminous. The labour was natural, but the child did not advance, though the pelvis was large, and the head of the child could be freely moved therein. The uterus was excited to action by two doses of ergot, and the child, with some difficulty,

caused by the size of its body, brought down. At birth it measured round the waist sixteen inches and a half.—***Provincial Medical and Surgical Journal.***

Remarks.—We have cited this case on account of its interest in an obstetric point of view; otherwise the absence of any notice of a cadaveric inspection renders it very unsatisfactory. An examination of the thoracic and abdominal viscera, and especially of the heart and kidneys, might have given rise to some important pathological results.—***London Medical Gazette.***

Easy Method of preparing Iodide of Potassium.—M. Pypers subjects to a moderate heat a mixture of 100 parts of iodine, 75 of carbonate of potash, 30 of iron filings, and 120 of water. The mass is to be dried and then heated to redness; the resulting reddish powder is to be treated with water, and the solution obtained filtered and evaporated to dryness. One hundred parts of iodine yield 135 of very white but slightly alkaline iodide of potassium.—*Ibid, from Journ. de Chim. Med.*

Fatal Ether Operations.—The case of lithotomy performed at the Suffolk and Colchester Hospital, proved fatal within twenty-four hours after the operation. We understand, also, that an old gentlemen operated on for some disease of the foot during the last week, by Mr. Travers, died within twenty-four hours of the operation. He never recovered from the stupor caused by the ether.—*Lond. Med. Times.*

At the sitting of the French Institute, M. Boussingault gave the details of a number of experiments he made, to prove that salt used with food does not act by uniting with the alimentary matters, and communicating to them properties that render them fitter for digestion but is simply of use in exciting appetite, and thus provoking the greater consumption of food in a given time.—*Dublin Med. Press.*

Acids contained in Tobacco.—M. Goupil's chemical investigations on this plant have confirmed Vauquelin's assertion of the presence of acid malate of lime in it; but he has gone farther in proving it to be in such quantity as to render tobacco an advantageous source from whence to obtain malic acid for the laboratory. From two and a-half pounds of the dried plant, about two or three ounces of acid malate of ammonia may be obtained. Except citric acid, M. Goupil has not found, in the numerous experiments he has made, any other organic acid. Last year, M. Barrell found, however, a peculiar bibasic acid in tobacco, which he denominated the nicotic acid, composed of C 3, H 4, O 3.—*Ibid, from An. de Chimie.*

Arsenic in Sulphuric Acid.—M. Dupasquier recommends sulphate of barium as a convenient and effectual substance to free sulphuric acid from the arsenic it so frequently contains. M. Erdman says it has been long employed in the Hertz, where the proportion of arsenic is very great, and that the arsenic is rendered perfectly pure.—*Ibid, from Jour. f. Prakt. Chem.*